Assumption University

Exceptional Children

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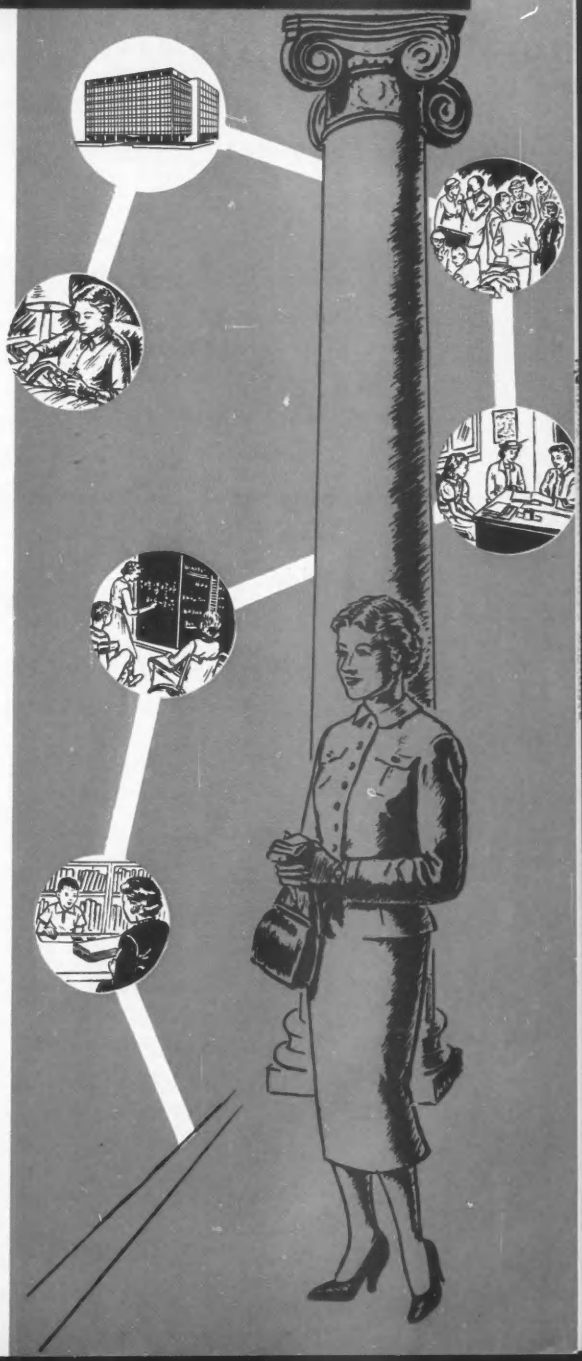

Spotlighting THIS Issue

"Some Aspects of the Current Status for Education and Training in the United States for Trainable Mentally Retarded Children," by I. Ignacy Goldberg.

Some basic definitions in educating the exceptional are undergoing change. Dr. Goldberg points out that more and more, one gets the impression from teachers in the field, the concept of "trainability" is reserved for those children who eventually will occupy their contributing place in a sheltered environment. Therefore, they are not only those who demonstrate certain intellectual deficits, but also the vast army of children with physical, social, and emotional impairment associated with their intellectual impairment, regardless of whether or not the latter falls into the IQ range (35-50) reserved for the "trainable."

"Responses of Hard of Hearing and Normal Hearing Children to Frustration," by Harris Kahn.

Subnormal emotional stability has been attributed to the hard of hearing child. Dr. Kahn reports on tests which disprove this widely held assumption.

"The Emotionally Disturbed Child in a Residential Treatment Center," by Claude D. Price and Ben Strongin.

The staff at the residential school found it difficult to consider Ricky emotionally disturbed. This was a major treatment hurdle to overcome. Hatred and maladjustment is often subtle, covert, and not apparent even to the professional at first impression. Help for these children often depends on a broad approach to all areas of the daily living situation. Follow this case study and the workings of an interdisciplinary team which helps constructively to rehabilitate one problem child to his family and society.

"The Affect of Brain Pathology on Learning," by Harold F. Burks.

Dr. Burks discusses the children in our schools who might be classified as "pseudo-mentally retarded." These are the children who are failing academically and for all practical purposes need special diagnosis, special understanding, and special techniques of instruction even though they possess "above legal limits" intelligence quotients. These are the children with possible brain impairments.

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From

Your President

At this time, may I extend to you all the greetings of the Christmas season and my best wishes for a very Happy New Year. I hope that the joyousness of the season reaches into all your homes and hearts, and that the promises of the old year find their fulfillment in the bright new year. To each of you a personal wish that the joys of Christmas be yours.

Maurice H. Fouracre

Some aspects of the

Current Status of Education and Training in the United States for Trainable Mentally Retarded Children

I. IGNACY GOLDBERG

Introduction

SINCE about 1900, state and local legislation has made some provision for the schooling of the mentally retarded, but in the majority of cases excluded from public school classes those who are today termed "trainable." It has been maintained that the needs of those who are more severely retarded could only be met by lifetime care in state residential facilities.

There has also been a growing recognition that the severely retarded child is an individual, with potentialities that deserve to be developed to their fullest. Thus, separate provisions for severely retarded children have become a part of public school special education programs in several states and cities.

In spite of this, questions regarding the responsibility for maintaining such programs have been raised. Many, feeling this is a hopeless task, still state that it is not desirable to attempt to work with these children at a community level, but suggest placing them as early as possible in a state institution.

Purpose and Scope

In the past seven years, this relatively new area of special education has grown so rapidly in the United States that the need to bring administrators and other workers in the field up to date is evident.

In preparing this presentation, the following procedure was used:

1. A review of available literature regarding the education and training of the "trainable" was made.
2. A brief questionnaire was sent to all state directors of special education in the United States; superintendents of schools in all cities in the United States with population 50,000 and over; and to all member units of the National Association for Retarded Children.
3. An analysis of replies to an opinionaire sent to selected teachers of the "trainable" in public day classes, private day classes and schools, state residential schools and private residential schools was made.

It is hoped that an analysis of this data will yield a clearer picture of the scope and objectives of current programs for educating and training the "trainable" child in the United States.

The writer is indebted to Shirley Feigenbaum, Shirley Supnick, and Elizabeth Boggs of N.A.R.C. for their invaluable assistance and constructive criticism in preparation of this paper.

Who Are the "Trainable?"

More and more, one gets the impression from teachers in the field that the concept of "trainability" is reserved for those children who eventually will occupy their contributing place in a sheltered environment. Therefore, they are not only those who demonstrate certain intellectual deficits, but also the vast army of children with physical, social, and emo-

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This paper was presented at the 1957 annual meeting of the Council of Administrators of Special Education in Local School Districts in Pittsburgh.

tional impairments associated with their intellectual impairment, regardless of whether or not the latter falls into the IQ range (35-50) reserved for the "trainable."

In February 1957, an opinionaire was sent to 280 selected teachers of the "trainable" in 48 states employed in public day schools and classes, private day schools and classes, state residential schools and private residential schools.(3)

Replies were received from 84 teachers in 23 states, who gave a detailed description of about 1200 "trainable" individuals (about 750 males and 450 females) in their classes. Their chronological ages range from 3-to-36 with a median age of about 11. The median IQ is about 40.

About 27% of the 1200 individuals are are described by the teachers as mongoloids; 13% brain injured; 7% cerebral palsied; 4% epileptic. In addition, teachers indicated several with visual defects, auditory defects, cardiac disabilities, aphasia, microcephaly, hydrocephaly, major mental disorders, and others.

The 84 teachers reported about 2700 items in describing behavior of the 1200 "trainable" individuals. About 40% of the teachers' statements were classified as "satisfactions;" about 60% were classified as "problems," or matters of concern to them. Following are the categories of "satisfactions," listed according to rank order as determined by frequency of mention by the teachers:

Alert, eager, active
Obedient, docile
Amenable, good natured
Good social competence
Gay, happy, cheerful
Good communication
Independent
Special talents: music, art
Good motor ability
Dependable, trustworthy
Orderly

The following are the categories of "problems" listed in rank order:

Shy, fearful, tense
Hyperactive, nervous
Attention seeker
Short attention span
Stubborn, obstinate
Poor communication
Poor motor ability
Mischievous, destructive
Aggressive
Emotionally unstable
Withdrawn
Infantile, immature
Annoying and undesirable habits
Selfish, egotistical
Not dependable
Socially incompetent
Perseverates
Lazy
Tires easily

This very well covers "characteristics" offered by over 1000 teachers of the "trainable" participating in N.A.R.C. sponsored workshops throughout the country in 1956-57. These characteristics might be compared with descriptions in the literature. Reynolds (12, p. 2) has summarized descriptions by authorities in the field. Some of their remarks follow:

". . . those who test (mental age) six or seven have never succeeded in getting anywhere with the 3 R's." (Goddard—in 1916)

". . . one who, by reason of mental defect, existing from birth or from an early age, is incapable of earning his own living, but is capable of guarding himself against common physical dangers . . . "(Tredgold)

"Physically they are of varied group. Mongoloids, cerebral palsied, microcephalics, hydrocephalics, brain injured and some other clinical types are often of this ability level. Almost all have speech difficulties. Emotionally they are childlike and immature. They are seldom delinquent, and therefore, a less direct menace to the community in terms of anti-social behavior trends." (Others)

According to Doll (4), "these children can profit from pre-school or kindergarten type of programs, with activities for some at first grade level. These children will always need home care or institutional adjustment, but the groundwork of their later careers can be laid at school in collaboration with the home and in anticipation of later residential care outside the home."

He adds a very interesting comment: ". . . many children with clinical varieties of mental deficiency

such as the Mongoloid type disconcert the schools by their physical appearance . . . we must somehow resolve this cosmetic prejudice for the sake of the children as people . . ."

Hill (7, p. 3) defines the "trainable" as those "whose extreme retardation prevents them from benefiting from the existing special classes for retarded pupils and who range downward in competence for learning to an undetermined level of ability."

According to Wirtz and Guenther (16), "a trainable individual is described as, that individual who, because of retarded mental development, would not profit from public school special classes for educable mentally handicapped, but who possesses potentialities for learning a) self care, b) social adjustment in the home and neighborhood, and c) economic usefulness in the home, in a sheltered environment, or in the community under supervision."

In defining mental retardation, Tizard, as quoted by Downing (5), states that six functional areas are relevant in diagnosing mental retardation: a) anatomical and physiological; b) intellectual; c) educational; d) social (social competence); e) occupational; and f) temperamental or moral. Severe or moderate mental retardation can be diagnosed by physiological, developmental, and psychometric criteria alone.

Kanner, as quoted by Downing (5), distinguishes two categories: ". . . so markedly deficient in their cognitive, emotional, and constructively conative potentialities that they would stand out as defectives in any existing culture . . .;" the other ". . . individuals whose limitations are definitely related to the standards of the particular culture which surrounds them . . . In less complex, less intellectually centered societies, they would have no trouble in attaining and retaining equality . . . and some might even be capable of gaining superiority by virtue of assets other than those measured by intelligence tests."

Many states define the "trainable" child in their educational laws. Examples follow:

Connecticut—"those children who, at maturity, cannot be expected to attain a level of intellectual functioning greater than that commonly expected of a seven year old and who, for entrance into a training program, are capable of walking, of clean bodily habits, responsiveness to directions, or means of intelligible communication . . ."

Maryland—"whenever seven or more children, who are classified as severely mentally retarded on the basis of an individual psychological examination (approximately 55 and below) and clinical findings, can be brought together, a special center may be organized

1) if such children are able to participate in group activities with profit to themselves and without injury to the group
2) if such children are able to learn to care for their personal routines independently
3) if such children are sufficiently controlled emotionally to respond to a teacher-pupil class relationship
4) if such children have trainable motor skills
5) if the school system has facilities adequate for their educational needs."

Minnesota—(1957 proposal) "every exceptional child who is mentally retarded or otherwise handicapped to a degree that he is not educable as determined by the standards of the state board of education but who can reasonably be expected to profit in a social, emotional, or physical way from program of teaching and training is a trainable child . . ."

California—"mentally retarded minors . . . who may be expected to benefit from special educational facilities designed to educate and train them to further their individual acceptance, social adjustment, and economic usefulness in their own homes and within a sheltered environment . . ."

New Jersey—"trainable mentally retarded children are so severely retarded or socially immature that they cannot be classified as educable but are, notwithstanding, potentially capable of self-help, of communicating satisfactorily, of participating in groups, of directing their behavior so as not to be dangerous to themselves or others and of achieving with training some degree of personal independence and social and economic usefulness within sheltered environments . . ."

Very often, we simplify our definitions: "If the child can profit by academic instructions, he is educable; if not, he is trainable."

The adverse effects on a program for the "trainable" that may result from such an oversimplification, with its negative connotations, is illustrated by the following:

An attorney general of one of the states was asked for his opinion as to whether a local Board of Education is justified in making an appropriation to supply a teacher for a parent-sponsored class for "trainable" children. Excerpts from his answer follow:

> ". . . it seems to me that the answer to your question depends upon the meaning of the terms 'trainable' and 'educable' . . . I have the impression that a child is trainable when he is capable of learning to care for himself, to feed himself, etc., and that a child is educable when he is capable of learning to read, write, count, etc. If that be the distinction, it seems to me very doubtful that any public funds, whether derived from taxation or not, can be used for the purpose indicated . . ."

The Illinois Plan for Special Education of Exceptional Children (8, p. 3) summarizes some of the characteristics of the "trainable" as follows:

1. Physical characteristics such as mongolism, microcephalism, hydrocephalism, brain injury
2. Mental development approximately ¼ to ½ that of an average child
3. Speech and language abilities distinctly limited but they are able to make their wants known
4. Generally not capable of learning academic skills
5. Capable of learning to get along in the family and in the immediate neighborhood
6. Capable of eventually learning self care in personal routines
7. Capable of learning to assist in chores around the house and/or in doing a routine task for some remuneration in a sheltered environment
8. They will require care, supervision and economic support throughout their lives.

Prevalence

There are few studies specifically concerned with the prevalence of "trainable" mentally retarded among the school age population.

The 1929 survey made in England reports about 0.4% of "imbeciles" among school population.(10) This figure is the average obtained on the basis of sampling of six selected urban and rural areas. It ranges from 0.25% to 0.53%.

In 1937, Merril (15) reported that 0.2% children attending schools would have IQ's between 30 and 49.

In 1952, Hill (7) estimated the prevalence of "trainable" mentally retarded children of school age as not more than 0.5%.

The prevalence of children (ages 5-17) with IQ under 50 in Onondaga County, New York in 1953, was estimated as 0.36%. (5)

Two pilot studies conducted for "trainable" mentally retarded children in Illinois and Michigan report the results of prevalence of the "trainable" in a few selected communities as about 0.2% of the total school population. (16)

In 1954, N.A.R.C. reported the estimate of 0.4%, based on a review of a number of American and European studies.

The 1955, New York State Department of Education's survey of the severely retarded (IQ 49 and below and mental age of at least 3) revealed the incidence rate of children in the age group 7-15 to be 3.3 per 1000, or about 0.3% of total 7-15 year old population.

It seems clear from the above that the prevalence of school age "trainable" children in the United States is at least 0.3% and probably no more than 0.4%. The total school age population as of Fall, 1956 is about 32,000,000.(13) Thus the estimated "trainable" mentally retarded in the United States, as of fall, 1956, is between 95,000 and 130,000.

Enrollment in Schools

There are four main types of schooling facilities for the "trainable" child in the United States today:

1. Public day schools and classes
2. Private day schools and classes
3. Public residential schools
4. Private residential schools.

By 1948 many public school systems were admitting children with IQ's below 50. At this time, Wallin (15) surveyed 163 city school systems and found that about half of them (81) reported the following:

39% placed the low-ability children in special groups (e.g. Detroit, Houston, and New York City)
38% — in the regular special classes
17% — in the regular classes
5% — in kindergartens

In 1952, Wirtz (6) made a study of day classes for the "trainable." Fifty-nine locations were analyzed containing information on training of 1,886 children in day schools operated by public schools, private schools and by parents.

The 1952-53 statistics of special education (14) reports that there are 4,662 children who are "trainable" enrolled in special schools and classes.

In 1954, the AAMD Education Committee received replies to their questionaire from 36 states. (11) These states reported 455 classes for the "trainable" with enrollment of 5400 children.

A later study of the status of public school programs in the United States for the "trainable" was made by Calovini (2) in June, 1955. It showed that in 1954-55, 179 school districts in 30 states operated classes for the "trainable." The total enrollment was 3457 children. Calovini reports that 57% of the total population shows clinical characteristics, i.e. mongolism, cerebral palsy, brain injury, etc.

In 1953, a study was made by Shinnerer (11) who surveyed 44 cities with over 200,000 population and found:

1. 7 cities—no program for the "trainable"
2. 18 cities—special classes in public schools
3. 14 cities—special classes operated by parents
4. 2 cities—special classes operated by parents' organizations and public schools
5. 3 cities—special classes operated by county welfare agencies

In 1953, 51 state institutions containing 75,000 patients were surveyed and it was found that 13.7% (or 10,207) patients were enrolled in schools. One-third of them were reported with IQ's below 50. (9)

In 1955, N.A.R.C. reported that 221 of its member units operate classes for the "trainable."

The office of the educational consultant of the National Association for Retarded Children, realizing the tremendous growth of school programs for the "trainable" in the United States during the past few years, decided to bring the figures of enrollments up to date, and in November, 1956 sent out brief inquiries to:

1. State Directors of Special Education, or State Superintendents of Public Instruction
2. Superintendents of public schools in 243 cities with population of 50,000 and over
3. 463 Units affiliated with N.A.R.C.

Replies were received from 84% of state directors and superintendents, 83% of city superintendents; 63% of N.A.R.C. units.

In 41 states, it was reported a total of 9000 children enrolled in public school classes for the "trainable."

The 214 N.A.R.C. local units reported that about 7000 "trainable" children are enrolled in 619 classes operated either independently by them or jointly with public schools.

From the figures obtained from the state departments of instructions and cities' boards of education, and from those reported by the N.A.R.C. member units, it would appear that about 16,000 children of school age who are "trainable" are receiving training in day classes operated by public schools (9000) and by parents' groups (7000).

The total "trainable" of school age population in institutions for the mentally retarded is about 13,000. The "trainable" in school represents a total of about 3000. (9)

Private residential schools, as listed in the 1956 AAMD Directory, have total population of about 12,000. Census statistics suggest that about 25%, or about 3000 are "trainable." Assuming that all private schools provide schooling for their "trainable," there are about 3000 "trainable" individuals receiving training in private residential schools.

Summarizing the above, one can estimate that in 1956-57 there were about 22,000 "trainable" children receiving some "schooling" in special facilities geared to their abilities. This figure (22,000) represents about 20% of the estimated number of "trainable" children of school age in the United States.

Many of the remaining 80% are probably in classes for the "educable," regular grades, mental hospitals, schools for the blind, deaf, etc. Many are kept at home, and many just lost in the crowd of other community problems. Table I summarizes these findings.

Present Status of State Laws

The legal consideration of educational provisions for children classed as "trainable" mentally retarded on state level was initiated in 1951 by California, Minnesota, and Wisconsin.

The following information was developed in October, 1956, from material in the files of the Education Committee of N.A.R.C. and of the Illinois Commission for the Handicapped.

States have been classified as follows:

1. Those having legislation which refers specifically to the "trainable" or defines a group which corresponds to this concept. This class divides into those states in which provision for the "trainable" is mandatory on local boards of education (under certain circumstances) and those in which it is permissive. It is understood that state financial aid to the special programs is available in all cases.

Mandatory Legislation — specific

Massachusetts	(1954)
New Jersey	(1954)
Pennsylvania	(1956)
Rhode Island	(1955)
Kentucky	(1956)

Permissive Legislation — specific

California	(1951)
Connecticut	(1953)
Illinois	(1955)
New York	(1955)
Oklahoma	(1955)
Tennessee	(1955)
Wisconsin	(1951)

(Dates refer to most recent enactments)

2. Those states in which the legislation is not specific in distinguishing the "educable" from the "trainable," but in which broad provisions for the education of the mentally retarded or the handicapped have been interpreted to permit active state support of such programs in local schools. These in turn are subclassified into those in which the "trainable" group has been defined or described in regulations or other official publications of the State Department of Education and those in which no such definition has been promulgated but in which it is known that recognition, including state financial aid, is given to classes for this group where local boards may have established them.

Recognized by

Administrative Regulation	*Administrative Interpretation*
Iowa	Florida
Maryland	Indiana
Michigan	Washington
Minnesota	West Virginia
Utah	Louisiana
Virginia	
Kansas	

In addition to the above, community classes, some of which are in public schools, are conducted in Ohio under the supervision of and subsidy from the Department of Mental Hygiene and Correction.

Goals and Objectives of Programs

It has been generally agreed that the goals of training the "trainable" fall into three categories: personal, social, and vocational.

Under the personal category, the goals most frequently listed by teachers of these children are: instilling good health habits; safety; taking care of personal needs; mobility; utilizing leisure time; developing motor coordination; developing better communication skills; and developing longer attention span.

Under social goals, the following are mentioned most often: good table manners; behavior on public transportation; use of appropriate clothing; minimizing annoying habits; respect for property; learning to share; learning to relate to others; and learning to participate in group activities.

All these lead to the vocational area. Here we find the goals cited by teachers were learning simple vocational skills and to make contributions to the society in which the individual lives, such as to wash dishes and do home chores.

The 84 teachers mentioned before list most often the following goals of their program: learning to socialize; learning personal self care; learning acceptable behavior; learning to be a contributing member of family in the household; training for sheltered workshop eligibility; and to help them to get along with one another.

Expectations of School Programs

The 84 teachers included in their replies parental expectations of the education and training of their

TABLE 1. — THE ESTIMATED PREVALENCE AND SCHOOL ENROLLMENT OF "TRAINABLE" MENTAL

Estimated Prevalence of "Trainable" (figures based on 0.3% — 0.4% estimate)				Enrollment of the "Trainable" in Public and Private Day Classes and in Public and Private Residential Schools			
Number of Pupils Enrolled Fall — 1956 (13)		*Estimated Prevalence of the "Trainable"*		*Enrollment Reported by State or Large Cities*	*Enrollment Reported by N.A.R.C. Units*	*Estimated Enrollment in State Institutions Classes*	*Estimated Enrollment In Private Residential Schools*
		From	*To*				
Continental USA	31,527,695	95,000	130,000				
STATES							
Alabama	745,000	2,100	2,900	59	22	35	20
Arizona	212,210	600	800	*	*	20	20
Arkansas	424,000	1,200	1,700	*	*	0	0
California	2,607,000	7,500	10,100	891	626	150	250
Colorado	320,566	1,000	1,600	*	98	25	15
Connecticut	399,000	1,200	1,700	400	20	80	40
Delaware	65,915	200	260	*	55	25	20
Florida	725,124	2,200	3,000	194	329	40	80
Georgia	917,265	2,800	3,700	4	350	25	0
Idaho	139,038	410	510	*	*	20	0
Illinois	1,487,458	4,500	6,200	183	456	160	400
Indiana	878,504	2,600	3,600	93	309	60	5
Iowa	531,029	1,600	2,200	125	140	60	15
Kansas	426,000	1,400	1,800	70	66	40	5
Kentucky	594,673	1,800	2,500	21	101	25	45
Louisiana	617,400	1,900	2,600	24	60	35	50
Maine	182,052	500	700	*	78	25	5
Maryland	506,834	1,500	2,100	450	119	70	40
Massachusetts	770,364	2,400	3,100	749	120	150	90
Michigan	1,455,000	4,600	6,200	63	567	140	90
Minnesota	617,000	1,900	2,600	196	42	180	80
Mississippi	550,000	1,700	2,600	*	*	25	0
Missouri	745,000	2,300	3,200	*	122	50	50
Montana	129,625	400	520	*	*	25	0
Nebraska	249,449	750	1,000	*	56	55	15
Nevada	48,502	150	190	21	5	0	0

"trainable" children: child to be trained to maximum; learn correct habits and adjust to environment; expect too much—tend to think of them as "educable" and apply similar goals; expect child to read; prepare children to be self supporting; learn arts and crafts; good work habits and behavior habits; happiness and physical well being; expect child to attend school regardless of physical or mental disability.

After Schooling — What?

School administrators are beginning to be more concerned with "trainable" children approaching compulsory school attendance age. In a letter received by N.A.R.C. last year a director of special education in a large city school system states that ". . . we have been thinking seriously of starting a 'sheltered workshop' for these children (a group over age 16) at one of our schools," but he betrays a certain perplexity when he asks, "In your opinion, do you feel that the Board is responsible for further educating the trainable mentally retarded child after he reaches the age of 16?"

The N.A.R.C. educational consultant contacted 10 leaders in the field of education of the retarded for their reactions to this problem. It might be

RETARDATES OF SCHOOL AGE IN THE UNITED STATES, 1956-57

	Estimated Prevalence of "Trainable" (figures based on 0.3% – 4% estimate)		Enrollment of the "Trainable" in Public and Private Day Classes and in Public and Private Residential Schools			
	Number of Pupils Enrolled Fall – 1956 (13)	*Estimated Prevalence of the "Trainable"*	*Enrollment Reported by State or Large Cities*	*Enrollment Reported by N.A.R.C. Units*	*Estimated Enrollment in State Institutions Classes*	*Estimated Enrollment in Private Residential Schools*
STATES						
New Hampshire	91,061	270	360	*	18	25	5
New Jersey	881,087	2,800	3,700	995	63	200	190
New Mexico	185,853	570	760	150	*	10	0
New York	2,426,400	7,400	10,000	800	491	350	170
North Carolina	1,009,382	3,200	4,400	*	225	40	10
North Dakota	127,108	400	520	*	*	35	0
Ohio	1,633,831	4,800	6,500	2,000	800	155	50
Oklahoma	478,800	1,400	2,000	99	40	45	15
Oregon	351,393	1,000	1,400	*	*	35	20
Pennsylvania	1,831,929	5,500	7,400	927	288	85	630
Rhode Island	116,465	360	480	85	33	25	15
South Carolina	528,259	1,500	2,100	7	20	45	0
South Dakota	141,092	420	560	10	62	30	0
Tennessee	739,745	2,200	3,100	310	111	40	30
Texas	1,814,100	5,500	7,400	131	385	95	170
Utah	199,972	600	800	30	*	25	0
Vermont	67,752	200	270	*	*	20	5
Virginia	751,013	2,300	3,200	300	84	50	40
Washington	538,733	1,600	2,200	169	35	80	5
West Virginia	449,000	1,300	1,800	120	42	10	10
Wisconsin	641,000	1,900	2,700	150	56	60	300
Wyoming	72,300	220	290	*	17	20	0
District of Columbia	107,312	300	400	20	*	0	0

* No information received

stated that their replies indicated a certain degree of perplexity as well. They seemed to agree that all education for the retarded should be considered as a part of a total life plan, that provision of training for the retarded after compulsory school attendance age was possibly the responsibility of community agencies other than the public schools, and that the schools integrate their activities with these community agencies.

There was also agreement on the need for realism in interpreting the *limits* of the school program to parents.

Conclusion

This paper is not intended to give any final answers to the many problems facing workers in this field. If the facts and figures it presents stimulate workers in the field to relate their current activities to a "life-plan" for "trainable" children, it will have achieved its purpose. We may lead our children into a blind alley unless our planning at the very beginning takes into account their adult futures. School administrators are beginning to ask the question, "After school—what?" This is constructive concern.

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The school administrator in particular should take the initiative in his community to bring together all the available community resources to establish a long range planning for those who will need continuous supervision and direction.

The school has a very important role in the team of community agencies, but cannot and should not tackle this problem alone.

"The whole movement is very largely a case of service demands preceding research. This situation calls for much caution on the part of those who would stress immediate and large-scale extensions of service at the possible sacrifice of research efforts." (12)

In conclusion, let me quote the 1954 opinion of the AAMD Educational Committee which is still very timely:

"1. This is a movement with tremendous force.

2. There is considerable uncertainty about the kind of community training program best suited to the needs of severely retarded children.

3. Current practices do not follow any clear cut consistent pattern of administrative responsibility for this program.

4. The participation of the public schools in programs for severely retarded children takes many forms such as furnishing classroom space, supplying teachers, supervising classes . . . and in operating classes as part of the total school program.

5. The development of state-wide programs is expanding rapidly.

6. There is still considerable uncertainty about the sources and methods of financing this program (11)."

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Responses of Hard of Hearing and Normal Hearing Children to *Frustration*

HARRIS KAHN

DEFICIENT auditory acuity, particularly in early life, serves as a deterrent in the psychosocial processes of communication. Because it has been widely assumed that such handicap must necessarily have a deleterious effect upon personality development, a variety of studies for more than two decades have been devoted to searches for kinds and degrees of personality disturbance associated with hearing loss. However, the large number of studies has not served to define, even generally, a typical "hearing loss personality" or a typical mode of adjustment to hearing loss. Further, many of the findings of such studies are contradictory: some tend to indicate that such handicapped persons are—as expected—despondent, fearful, suspicious, or otherwise emotionally unhealthy; others have indicated that they are inclined to be cheerful, well adjusted, and emotionally stable. A thorough and critical review of studies of the hard of hearing has been offered by Barker, Wright, and Gonick (2).

Questionnaires, rating scales, paper and pencil personality tests—all indirect measures of adjustment or personality—had been used in investigations of hard of hearing children. In this study it was considered both desirable and feasible to deal with a more basic indicator of emotional adjustment than is available with the instruments employed in previous studies. Accordingly, this study was concerned with investigating the relationship between hearing loss and response to frustration.

Method

Three groups of children, matched in terms of sex, chronological age, and grade in school were selected. All the children were of average, or low average, socio-economic status, and all were of average intelligence as determined by standardized individual tests of intelligence. In selecting the groups, a large number of children in a public school system and in a large public school for deaf children were examined audiometrically. Those who had two consecutive audiograms indicating the same degree of loss, and who met the other criteria, were selected for inclusion in one of the experimental groups. These groups were designated as:

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(1) The *normal hearing*, consisting of children whose audiograms indicated hearing loss no greater than one percent according to the American Medical Association system of evaluation (1) [1].

(2) The *moderately hypacusic*, consisting of children whose hearing losses were in the range from three to 25 percent.

(3) The *severely hypacusic*, consisting of children whose hearing losses were greater than 25 percent.

Fifteen children in each of the hearing loss groups met the matching, socio-economic, and intelligence level criteria and were included in the study. The mean age of the normal hearing group was 121.9 months, of the moderately hypacusic group was 121.4 months, and of the severely hypacusic group 123.7 months. Mean IQ's were 97.4, 94.8, and 97.8 for the normal hearing, moderately hypacusic, and severely hypacusic groups, respectively. The groups did not differ significantly with respect to either chronological age or intelligence.

The Children's Form of the Rosenzweig Picture-Frustration (4) study was administered to each child individually. To avoid scoring bias, the responses of each subject were transcribed on a specially prepared single-page form which was identified by recording the subject's name on the reverse side of the form. After the test had been administered to all subjects and the responses transcribed, the forms were shuffled and responses to each item were scored for each of the 45 records before proceeding to the scoring of the next item.

An additional, more direct technique was devised for the observation of response to frustration and was administered to each of the subjects between three and seven days after administration of the Rosenzweig P.F. Study. The additional device, designated the Block Design Frustration Technique, required the subject to reproduce with blocks a series of 35 dichromatic designs which were presented on two-inch square cards. Each of the stimulus designs occupied the entire surface of the card, so that subjects had no readily apparent guide as to the number of blocks necessary to reproduce the designs. Twenty-five of the designs were reproducible with less than the 24 blocks with which subjects were supplied; 10 designs required either 36 or 64 blocks and could not be reproduced with the number of blocks supplied. The order of presentation of the designs was such as to insure initial success; the situations were made frustrating by intermingling "impossible" or difficult items with those of a low level of difficulty. Rapport and level of aspiration were maintained by arranging the series of designs so that a relatively easy item followed each "impossible" one. The test was discontinued when the subject had been frustrated in his attempts to reproduce 10 of the designs.

Table 1—Relations Between Responses on the Rosenzweig Picture-Frustration Study and Degree of Hearing Loss

P-F Variable	*Triserial Eta with Hearing Loss*
G C R	$-.19 \pm .097$
O-D	$-.24 \pm .095$
E-D	$-.34 \pm .089$
N-P	$37 \pm .087$
E	$.18 \pm .097$
I	$-.12 \pm .099$
M	$-.20 \pm .097$
$\frac{E}{I}$	$-.27 \pm .093$
$\frac{E}{I}$	$-.17 \pm .098$
$\frac{E+I}{E-E}$	$-.24 \pm .095$
$\frac{E-E}{I-I}$	$.07 \pm .100$
$\frac{I-I}{M+I}$	$.06 \pm .100$
$\frac{M+I}{}$	$-.25 \pm .094$

Responses to frustration by the Block Design technique were recorded on a form similar to that employed in dealing with the Rozenzweig P. F. responses. In scoring, the schema and symbols devised by Rosenzweig for use with the P-F were employed. There was, however, obviously no basis for a Group Conformity Rating of responses to the Block-Design Frustration Technique.

The statistical treatments employed were concerned with: (a) the relationship between degree of hearing loss and scores on the frustration response variables, (b) with comparisons between the groups, and (c) with comparison of responses of the three groups with the norms of the Children's Form of the Rosenzweig P-F Study.

Degree of HL and Response Trends

The relationships between degree of hearing loss and scores of the subjects on the 13 major scoring

[1] The natures of decibel and frequency units have made the problem of "averaging" hearing loss figures particularly troublesome. Although no completely satisfactory solution to the problem has been provided, the evaluation system endorsed by the American Medical Association has received the widest acceptance.

variables of the P-F Study are indicated in Table I. Of the type [2] variables, only the correlation between Need-Persistence Scores and degree of hearing loss is significantly greater than the probable error of the correlation. Although the correlations for the remaining 12 variables are not of sufficient magnitude to be considered significant, a consideration of the directions of the correlations provides an interesting picture of response trends.

A slight tendency for hard of hearing children to give fewer socially conventional responses to the frustration situations than do the normal-hearing children is suggested in the low negative correlation of degree of hearing loss with Group Conformity Rating Scores (G.C.R.). Suggested also are tendencies for the hard of hearing children to respond to the frustration situation with less emphasis upon the nature of the frustration situation (O-D Score) and with less emphasis upon defense or incrimination of self (E-D Score) than do the normal hearing children.

A pattern of trends in *direction* of response to frustration is indicated also. Degree of hearing loss is slightly and positively related to the tendency to give responses characterized by aggression against others (E variable). There are slight and negative associations between degree of hearing loss and amounts of response with internalized and evaded aggression, as indicated in the correlations between I and M scores, respectively, with degree of hearing loss. Blame-avoidance responses also are slightly and negatively related to degree of hearing loss.

Comparison of Three Groups

Comparison of the mean scores of the three groups on the thirteen scoring variables of the P-F revealed only two instances of significant differences between the groups: as compared with the normal hearing the severely hard of hearing group had fewer responses with emphasis upon self-incrimination or self-defense, and more responses with dominant attention upon a solution to the frustrating situation. No other inter-group comparisons were significant at the two percent level of confidence.

In terms of their responses to the Rosenzweig Picture-Frustration Study, the groups may be considered as essentially similar. Consideration of the correlations between the scoring variables and degree of hearing loss and the infrequent significant differences in scores of the groups indicates that what few differences there are between them reflect a slight tendency for the more severely handicapped children to respond to the frustration situations with somewhat greater emotional maturity than was apparent in the responses of the normal-hearing children. The tendency was for the severely hard of hearing children to avoid unfruitful barrier-centered and self-centered responses in favor of those which would lead to reduction or abolition of the frustrating circumstances. Confirmation of this tendency appeared in the similar statistical analysis of data obtained with the Block-Design Frustration Technique.

Table 2—Relations Between Responses on the Block-Design Frustration Technique and Degree of Hearing Loss

B-D Variable	*Triserial Eta with Hearing Loss*
O-D	$.19 \pm .097$
E-D	$-.26 \pm .094$
N-P	$.41 \pm .084$
E	$.15 \pm .098$
I	$-.34 \pm .089$
M	$-.21 \pm .096$
$\overline{E}$	$.35 \pm .088$
$\overline{I}$	$-.33 \pm .089$
$\overline{E} + I$	$.18 \pm .097$
$\overline{E} - \overline{E}$	$-.35 \pm .088$
$I - \overline{I}$	$-.49 \pm .076$
$M + \overline{I}$	$.04 \pm .100$

Table 2 contains the correlations between degree of hearing loss and scoring variables of the Block-Design Frustration Technique. As in the analagous table of correlations with scores on the Picture-Frustration technique, certain response trends are evident in the directions of the correlations although the values of most of the correlations are not significantly high. There were slight tendencies for greater degree of hearing loss to be associated with fewer barrier-focused and self-centered responses, and a decided tendency for greater degree of hearing loss to be associated with responses to frustration which emphasize resolution of the frustrating problem. Also, as was observed with the Picture-Frustration technique, direction of response to frustration indicates a slight tendency for externalized aggression to be positively associated with

[2] A description of the scoring and interpretation system is contained in (4).

greater hearing loss, and for internalized and evaded aggression to be slightly negatively associated with degree of hearing impairment. Further analysis reveals positive relationship between hearing loss and blame-avoidant and guilt denial responses. Degree of hearing impairment is negatively associated with blame-avoidant responses employing a plea of unavoidable circumstances. The extra punitive and impunitive responses of the hard of hearing children in the Block-Design frustration situations are primarily of a blame-avoidance rather than of a purely aggressive nature.

The tendency for hard of hearing children to offer relatively more blame-avoidant responses to the Block-Design than to the Picture-Frustration technique probably is attributable to differences in the amounts and types of stress imposed by the two techniques. The Block-Design situations required personal involvement rather than identification with a pictured victim of frustration. Consequently they provided greater threats to the child's values of self-esteem and prestige than did the Picture-Frustration situations, and therefore led to greater motivation for the avoidance of blame for failure.

Perhaps because the Block-Design technique differed from the Picture-Frustration technique in amount of stress imposed, it differentiated the groups more sharply. Use of the *t* test for means of the three groups on each of the variables revealed several significant differences. At the two percent level of confidence, the severely handicapped group had fewer barrier-emphasized responses than did the normal hearing group. The other comparisons were significant at or beyond the one percent level of confidence. As compared with each of the other groups, the severely handicapped had significantly few ego-defensive, or self-referent, responses. The severely hard of hearing differed from the other groups also in that they gave significantly more responses with primary emphasis on solution to the frustrating situation.

Blame-avoidant, self-referent responses were given more frequently by the moderately handicapped than by either of the other groups. The severely handicapped group differed significantly from the other groups in the number of impunitive responses —those which imply that the situation is not frustrating or in some way beneficial. In general, responses to the Block-Design technique were similar to those obtained with the Picture-Frustration technique, with the former, however, defining with somewhat more clarity differences between the groups.

Comparison with Norms

In addition to the statistical analyses described above, responses of each of the groups were compared with the available norms of the Picture-Frustration Study. Only in comparison of Group Conformity Ratings were all of the groups significantly different from the norm, indicating that each of the groups tended to have relatively few responses to frustration conventional for the age level. It is to be noted however, that lack of conventionality in coping with frustration does not necessarily imply undesirable social or emotional adjustment. Inspection of the criteria for the G.C.R. reveals that many of the "normal" responses are non-adjustive in character; that is, they are not constructive in the removal or alleviation of frustrating conditions.

For the moderately handicapped group, the low G.C.R. (Group Conformity Ratings) score was the only significant difference from the norm. This group apparently was most nearly "normal" in terms of response on the Picture-Frustration Study. The normal hearing group only had significantly more responses involving focus upon barriers occasioning frustration, and significantly fewer intropunitive responses. No additional significant differences were found between the normal hearing group and the norms.

There were additional significant differences between responses of the severely handicapped group and the norms. In comparison with the norms, this group had fewer externally directed aggressive responses, fewer blame-avoidant responses, and more need-persistive responses. The latter indicates a tendency for the severely handicapped group to focus their responses upon a solution to the problem which exists in the frustration. This tendency was indicated also in the results obtained with the Block-Design technique. Such a tendency may be regarded as reflecting desirable or favorable adjustment since it aims at removal of the cause of the frustration. Haggard and Freeman (3) indicated that those children whose frustration-instigated activities are specially directed toward solution of a relevant problem exhibited less physiological

manifestations of disruptive emotional states. In view of this, the response tendency of the hard of hearing children may be considered as a reflection of their ability to withstand and meet the emotional stresses of frustrating experiences. This, of course, is in direct contradiction to widely held assumptions of low frustration tolerance and inability to cope with frustration in hard of hearing children.

The significantly low number of extrapunitive and blame-avoidant responses indicate further evidence of more emotional maturity than is usually expected of hard of hearing children. Blame-avoidance represents a form of rationalization. Since blame-avoidance responses were relatively infrequent for the hard of hearing groups (as compared with the non-handicapped group on the Block Design technique as well as with the norms on the Picture-Frustration technique), the handicapped groups may be considered as more likely to meet a frustrating situation directly, rather than to respond in the relatively infantile manner of regression, withdrawal, or blame-avoidance. There can be little doubt that such a tendency is not a reflection of the subnormal emotional maturity which has been ascribed to children as a result of researches which employed paper and pencil tests in the collection of data.

Summary

A projective and a "realistic" frustration technique was used with three matched groups of children, differing in degree of hearing acuity. Few differences were found between the groups in terms of response to frustration. Differences which did appear seemed to be more sharply defined by the technique which presented a greater threat to the personal values of the subjects, and these differences tended to indicate a consistent tendency for the hard of hearing children to meet frustration more constructively than the non-handicapped children. These results do not support widely held assumptions of low frustration tolerance or subnormal emotional stability in hard of hearing children.

All the groups of this study had significantly few "conventional" responses on the Picture-Frustration Study. It appears possible that for the severely hard of hearing children, at least, unconventional responses reflected a tendency to handle frustration in a constructive manner; that is, unlike the normative group, their responses to the situation were likely to emphasize solution, alleviation, or removal of the frustrating conditions. Conventionality of response indicates the degree to which a child resembles others of like age in his response tendencies, and does not indicate degree of social maturity. It is evident, then, that the subjects of this study differ from other children in the conventionality of their responses, but that this tendency, especially for the severely handicapped, appears when considered with other evidence, to reflect better than "normal" social maturity.

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1958 Kansas City Convention News

Turn to the *Bulletin* on page 165 for the latest on ICEC's forthcoming 36th annual convention.

Mark April 6-12, 1958, as your date in Kansas City, Mo., and keep watching your *Bulletin* each month for convention highlights and places of interest.

The Emotionally Disturbed Child in a Residential Treatment Center

CLAUDE DORSON PRICE

BEN STRONGIN

THE Children's Village of Dobbs Ferry, New York, feels that residential treatment of emotionally disturbed children, while still in the experimental stages, can help rehabilitate youngsters to their family and society.

Fritz Redl, author of *Children Who Hate*, points out that this type of child has proven to often be the most challenging. He says ". . . they can take anything but affection . . . are, of course, impossible to treat in a children's institution, large or small." But oftimes, this is where these children are placed. Redl further characterizes them as ". . . beyond the reach of education and below the grip of the psychiatric interview." He points out the need for exhaustive research and the lack of escape from laborious ". . . patient observations, experiment, and tryout of new treatment designs."

The Children's Village has spent the last three years developing a basis for residential treatment. It has also programmed 290 emotionally disturbed boys during these three years. Such ambition plus the intense reality demands have not eclipsed creativity and experiment. These licenses have been carefully preserved. The experimental status of the field demands a laboratory climate in spite of any hard pressing reality needs.

The staff, therefore, has tried to continue to think creatively as they performed their day-to-day functioning. This, it seemed, was necessary. Their thinking has resulted in the experimentation to which Redl refers. New treatment designs have been conceived, have been implemented and have been reported. This discussion is one such report. In

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it, a psychiatric social worker and an educational counselor-supervisor-teacher have recorded a part of a case study. The dynamics presented have implications pertinent to the development of this field and for those who are working with "children who hate." The hatred, of the boy in our report, was subtle and covert. His overtness was not physically dangerous to the staff. But, in the subtleties of his operation there was the same basic kind of problem that is to be found in other cases which lend themselves less easily to the desired kind of "laboratory investigation."

We hope to show this; and that treatment for some such children requires more than the traditional framework of the one-to-one therapeutic relationship. It depends rather upon a much broader approach to all of the areas of the child's daily living situation. This can be done most intelligibly in a residential treatment setting. A broader approach means a professional sensitivity in and for each of a child's experiences in any one day: getting through with breakfast on time, getting through the arithmetic lesson in school, as well as being required to attend treatment interviews once or twice each week. These various experiences constitute different impacts for each individual boy.

In order that this impact be handled with maximum, positive, therapeutic effect, the staff person within the "impact-experience" should have this necessarily "broader appreciation of treatment processes."

"How Did This Boy Get Here?"

Ricky, 11 years old, sturdily built, with a shock of black hair and dark sparkling eyes presents himself as a congenial, ingratiating easily-liked youngster. He enchants every adult with whom he comes in contact. Many boys, who have a facility with adults, tend to antagonize their peers. This is not so with Ricky. He is accepted by both peers and adults. In the minds of the staff who came in contact with him, the frequent question was: "How did this boy ever get here?"

Ricky is one of eight children. He has four older sisters in their twenties, a brother seventeen, and there are two male twins, age nine. Ricky's parents separated eight years ago. The mother, pert and attractive, appearing much younger than her forty-three years, is a cold domineering woman with very little emotional warmth for her children. The father, considerably older, is weak and ineffectual; though a good provider in the financial sense. Though separated in their marriage the parents live in adjacent houses. Ricky's continual exposure to dominating female figures plus the fact that there was no male figure with whom the boy could comfortably identify, left Ricky fundamentally weak, passive, and dependent. He saw the world as a hostile place dominated by strong overpowering female figures—a world in which men, not to mention little boys, were weak and subordinate. Ricky learned at an early age that in order to escape "annihilation" he had to be compliant and ingratiating towards the force of the female world which actually had been engulfing him. Any protest Ricky made had been met by immediate punishment and deprivation. He, therefore, quickly learned that compliance was the only way to get the acceptance which he so strongly craved.

However, Ricky's constant denial of any aggressive and hostile feeling manifested itself in devious channels. Being unable to express it in an appropriate manner, Ricky acted it out. All of his unexpressed feeling of protest against his mother's inability to meet his emotional needs, culminated in a series of thefts. These, for the most part, were perpetrated against his mother. What his mother was unable to give him emotionally, Rickey attempted to take in his own way. It is interesting to note that in spite of frequent opportunities, he almost never stole from his father. This was the boy and his problem when he arrived at Children's Village.

Seeing is Not Believing

Ricky's surface adjustment to the Village was excellent. His sustained compliance easily justified the question among the staff regarding his placement in this, a residential treatment center. What was even more difficult for some staff members to understand was that the very ability to adjust easily was indicative of his weaknesses as well as his strengths.

These weaknesses were typified by his inability to protest even *when* a protest was appropriate. He withdrew rather than risk any consequences of self-assertion. His strengths were so blatantly obvious and palatable to an often harassed staff that his weaknesses were not readily noticeable. This became a kind of pseudo-blindness on the part of

the general staff. It was difficult to perceive Ricky as a boy with real problems, and this, in effect, created a unique but real stumbling block to treatment. The staff had to first overcome this limitation for real treatment to take place. Next, they had to appreciate the broader implications of residential treatment: each had a responsibility and a treatment role; each had to create opportunities for Ricky to express his repressed feelings. He had to be helped to use these opportunities for the expression of his hostility and aggression. So long as Ricky was being continually and solely accepted for his strengths, the expression of negative feeling was totally precluded.

Despite the aforementioned obstacles to treatment, Ricky was helped. No one person was responsible for the help he received. The influence of every personal contact had a bearing on his adjustment and growth. However, for purposes of this paper, we will mainly illustrate how the closely integrated efforts between two specific members of the professional staff resulted in a process which enabled the boy to move into a therapeutic experience in a meaningful manner. The two persons involved were the school counselor and his psychiatric social worker.

General treatment goals are documented for each boy. The counselor is responsible for their implementation within the school day. At that time he also conducts a group program which is designed as an intake or screening process. Ricky, as all other new boys, found himself in this particular group; and the counselor maintained a communication with the social worker about this particular boy. In this manner the overall treatment relationship was put into operation.

Emergence of Treatment Needs

Within a few weeks and after the usual clinic consultation conference the boy's specific treatment needs emerged. As indicated they were (1) the avoidance of being overly charmed and manipulated by Ricky's ingratiating personality, and (2) the creation of opportunities in which he could begin to express his hostility, his need for mastery, and his aggression. The clinic, through the social worker, pointed out that this was an absolute prerequisite to Ricky's acquiring some concept of himself as a boy—a boy with the right to assert himself appropriately and to make normal demands. Armed with this clincial picture of the boy, the counselor could be doubly cautious not to be taken in by the more obvious resources Ricky had, nor neglectful of his more obscure emotional problems. He also could be more sensitive and receptive to an otherwise covert expression of protest. An illustration of this occurred early.

One day as the class was being dismissed for another activity, Ricky's eyes were full of tears as the group began to leave the room. He remained immobile. The counselor took his cue and made no move to get Ricky to conform to the group pattern (as is often the prescribed reaction). He talked quietly to Ricky in a supportive manner. It soon developed that Ricky had been suddenly overcome with his separation anxiety or homesickness. Arrangements were made for Ricky to see his social worker and then to place a call to his mother. The significance of this incident for the boy was evidently the fact that he was able to display what felt, to him, to be a weakness and yet to find himself completely accepted and understood by the counselor. From this point, Ricky felt more secure in his relationship with the counselor. Sometime later he was able to volunteer to clean up the classroom after the group had left. Because of the degree of his security at this point, he felt comfortable in expressing a license not only to clean the room, but to reorganize its decor completely! Desks, bookcases, and even contents of drawers were aggressively attacked. In fact, his assertiveness in this respect became such a nuisance that the counselor needed to remove any articles from his desk which might be jeopardized. Such precautions were taken without Ricky's awareness. Thus another recommendation of Ricky's treatment plan was implemented, his aggression and needs for mastery found expression.

One late afternoon as the counselor visited Ricky's cottage, a quality of unfamiliar seriousness was noted. A few minutes later, in a rare moment of assertiveness, Ricky asked the counselor if he were staying for supper. The counselor arranged with the cottage parents to remain for the evening meal, although this was not his original intention.

After the supper chores the counselor privately asked Ricky to sit with him on the side porch. This initiative on the part of the counselor was in response to what he felt the boy was timidly reach-

ing out for. Ricky accepted this opportunity to talk. With a surprising intensity of feeling, suppressed in any earlier relationships, Ricky brought out his upset at some cruel ribbing he had been receiving. One of the summer staff persons, beguiled by Ricky's charms, showed the boy many special favors and generally cultivated a close individual relationship with him. The other boys were suspect of this relationship and taunted Ricky. Ricky poured out all of his upset. This new ability to verbalize unhappy feeling represented tremendous progress. It was now evident that Ricky was not only able to recognize significant feeling tones—but he had moved to the point where he could begin relating to them and sharing them.

With proper timing (and in a setting where the concept of supervision is an ongoing practice) the counselor was able immediately to effectively dilute the disturbing relationship. This total experience constructively served several functions. Not only was Ricky able to relate to his own feeling tones, he also felt safe enough to share these feelings with his school counselor. The help he received served to fortify his currently embryonic conviction that the reaching for assistance from adult figures was not a dangerous procedure. It was almost as if Ricky was shocked to learn that adult figures were not placed on this earth for the sole purpose of engulfing little boys. With this concept beginning to be integrated into his personality structure, there was growing evidence of a concomitant reaching out on Ricky's part in many other areas of his living experience in the total environment.

This youngster, who hitherto uncomplainingly accepted any chore in his cottage, began hesitantly expressing objection to certain duties assigned him. The cottage parents, alerted to this threshold of readiness on Ricky's part, were not threatened by Ricky's weak but obvious objections. Instead they were understanding and helpful. Alerted to the boy's needs the cottage parents were flexible and accepting. They recognized that there was a quality to Ricky's objections that differentiated it from the chronic ones that almost invariably emanated from these kinds of children. Not only was Ricky beginning to be able to express his disapproval in certain areas, he also began to chance voicing his approvals. He particularly tested out this new found strength with his counselor by expressing his opinions more freely. He began to tell the counselor which teachers and what activities most met with his approval. If he did not like something, he did not hesitate to say so.

A Crucial Incident

About eight months after his arrival, Ricky voiced an emphatic objection to his school counselor about keeping his regularly scheduled appointment with his caseworker. Ricky had been busily engaged in a classroom project that he had found interesting. He did not wish to be interrupted. The counselor explained to Ricky his responsibility to respect such obligations. Sensitive to the significance of this incident the counselor phoned the caseworker and alerted him while the boy was enroute.

Whatever distress Ricky felt, about keeping his appointment had retreated under his usual camouflage and Ricky greeted the social worker with his usual cheerful greeting. From outward appearances, it would have been virtually impossible to detect that this boy, only a few moments before, had verbalized vehement objections about the leaving of the classroom. There was no clue to his previously expressed anger. When asked by the caseworker how things were, Ricky cheerfully answered, "All right." The caseworker was able to utilize the information given him by the school counselor as a dynamic. (This illustrates how the timeliness of inter-staff communcation can result in an enabling process.) Alerted, the therapist did not accept Ricky's surface composure. Rather the therapist in an off-hand manner, asked Ricky what he had been doing just prior to coming for his appointment. Ricky objectively described some activity involved. The caseworker continued asking if he was enjoying what he'd been doing? "Yes, he was." Then he must have been annoyed at having to keep his appointment? No, he was not. The caseworker openly questioned this, saying that it was difficult to believe that anyone could be interrupted in something he was doing and enjoying without feeling some resentment. It was only with such help and support that Ricky was finally enabled to relate his real feelings to his therapist.

Movement into a Meaningful Relationship

With the realization that he could risk expression of negative feeling, and still gain the acceptance he so wanted and needed, Ricky moved very quickly

into a meaningful and therapeutic relationship. The eight months of painstaking investment had been fruitful. An important point was having the social worker and counselor at a pace which Ricky's emotional capacity was able to accommodate.

Real movement into a therapeutic relationship and one that was also indicative of a difference within the transference quality was significantly manifested by a new found ability to verbalize material of a highly charged emotional content. This was a radical departure. All of Ricky's previous unhappiness in his relationship to his mother and other members of his family poured out. He no longer was blocked in these areas. In recognition of increased anxiety as a concomitant of Ricky's awareness and ability to verbalize such awareness, the social worker offered more frequent sessions. The first eight months had been utilized to create anxiety. At this point the therapist realized that the ego development of this boy was such that it could cope with anxiety provoked by his readiness to face areas that he had previously blocked. The therapist was further aware that Ricky's ego strength was far more nebulous than the boy was aware. He would need a more concentrated contact so that the strain on the boy's new found strength would not be overwhelming. The first phase of real insight therapy is a crucial and difficult one. It does require additional support and care.

Because of the additional support and care required in this nature of contact, Ricky was carried on a twice-a-week basis and the therapeutic relationship until the very end of his stay at Children's Village.

In the abstract it is quite probable that for the last two months or so, the boy's ego strength was such that appointments scheduled once a week would have been ample. Rather than have Ricky feel this diminution as a rejection, and possibly taxing his neophytic development, the therapist decided to maintain the established frequency of interviews.

As a compromise, though, it was mutually agreed that the time of each interview would be reduced to 45 minutes. Ricky was able to take this reduction and/or reality demand without feeling rejected.

The latter part of the contact was actually devoted to the boy's need to talk continually about his past anti-social activities. It was almost as if he had to share his guilt and talk about it with the social worker. It was apparent that he had an overwhelming need to utilize the final period as a catharsis for all his guilt feelings and all the pain and aggravation he had caused both his mother and father because of his past behavior.

The environment at the Village was geared to an attempt to emulate the type of situations he would have to face in the community. On the one hand he was given more freedom of expression and physical movement, and in conjunction with this he was presented with demands and restrictions demanding self-imposition: The frustrations that these demands created were not only handled in therapy but also as he faced them in his daily cottage experiences and in his educational programs.

He was able to measure up to these demands to an increasing degree and with minimal effort. In view of this it was then believed that Ricky had advanced to a point that, given minimal support from the family constellation, it was reasonable to assume that he would be able to make an adequate adjustment to community living.

However, it was realized that if the mother remained completely unaccepting and rejecting of Ricky his chances of making an adjustment back to the community were minimal. Accordingly, a case conference was held to complete the final direction of this particular treatment program. As is usual, the conference was attended by the program director, the casework supervisor, the caseworker, two of the three teachers most directly involved, the school counselor, Ricky's cottage parents, and the cottage-life supervisor. From the collective awareness and appreciation of Ricky's past and present dynamics, an innovation was integrated in the otherwise general development of such a youngster's total program. The creativity of their collective thinking resulted in a proposal for permitting Ricky to experience a two week testing-out period in his home. It was mutually agreed that if this experience was constructive, giving evidence of Ricky's ability to cope with his mother's demands, discharge shortly thereafter would be indicated.

Ricky's visit was a successful one. It took but three weeks to consolidate and integrate Ricky's community experience with the therapeutic insights he had developed. Therefore, his discharge was expedited.

(Continued on page 174)

Bulletin

Kansas City Convention Program Plans in Progress

Program Chairman Lloyd M. Dunn of Nashville, Tennessee, announces the theme of the 1958 annual spring convention as "Increased Service through Greater Knowledge of Exceptional Children."

Hotel Muehlebach will be the headquarters for this 36th annual ICEC convention in April.

Nelle Dabney is local arrangements chairman and Mazine Langley is chapter workshop chairman. Both are from Kansas City.

Gateway City

Kansas City is the starting-off point for the southwest. It has grown from a little riverfront town with wide mud-cuts for streets to a vital national center served by 12 trunkline railroads extending into 32 states. The area ranks second to Detroit as an automobile assembly point; is first in the distribution of farm equipment and manufacture of vending machines. Every seventh woman in our country wears Kansas City fashions. Here is located the sixth-ranking city in the women's ready-to-wear field.

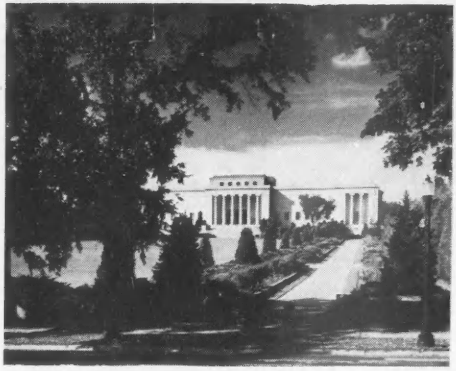
In a short span of years, there has been a major transition, changing Kansas City from a farming and distribution center to one in which industry plays a dominant role and where long-range planning supplements natural assets to insure industrial advancement.

Attractions of the Town

A host of distinction, Kansas City serves a famous namesake, the Kansas City steak. The convention visitors will have an opportunity to visit the Kansas City Livestock Exchange and Stock Yards. The yards occupy an area of 238 acres, where buyers and sellers may be seen in action every forenoon.

Tours and visitations to schools and institutions will be elective for conventioneers and will be announced in future issues of the *Bulletin*. Elsewhere in this section is a listing of some of the cultural and recreational facilities interesting to visitors.

Circle April 6-12, 1958, as your date for Kansas City and start making plans now for this exciting event.



POINTS OF INTEREST IN KANSAS CITY AREA

Liberty Memorial—"A cloud by day and a pillar of fire by night" tops this monument to the dead of World War I. A shaft of Indiana limestone rises from the highest point of the 30 landscaped acres. It is flanked by two classic buildings, one housing a collection of war relics, the other an assembly hall.

Harry S. Truman Home—The home of former President Harry S. Truman and Mrs. Truman is at 219 Delaware Street in Independence, Missouri. Known as the "Summer White House" during Mr. Truman's administration from April 12, 1945, until January 20, 1953, the house was built in 1865 by Mrs. Truman's grandfather, George Porterfield Gates.

William Rockhill Nelson Gallery of Art—The William Rockhill Nelson Gallery of Art and Mary Atkins Museum of Fine Arts ranks high among the art galleries of this country. Outstanding in the field of Chinese art, it also houses the Samuel H. Kress Foundation Collection of Italian Paintings and sculptures as one of the permanent displays. The building and installations are regarded as one of the supreme museum achievements of this nation. *It is pictured above.*

Shawnee Mission—Located in Johnson County, the old Shawnee Methodist Mission, begun in 1838, was a manual training school for the Indians. It was twice the territorial capitol

of Kansas and is considered a primary tourist attraction. Among the buildings still standing are three that are more than a century old.

MARY D. GRANT ACCEPTS ANNUAL REPORTS CHAIRMANSHIP

President Maurice H. Fouracre has appointed Mary D. Grant, 14 Claiborne Place, Webster Groves, Missouri, to assume the committee duties of the late Frances Hartt. As chairman of annual reports, she has accepted and will welcome the 1956-57 report of any chapter that has not yet filed it.

KATHERN F. GRUBER REPRESENTS ICEC AT REHABILITATION CONVENTION

In response to an invitation from the National Rehabilitation Association for ICEC to be officially represented at its Minneapolis convention, October 2-4, President Maurice H. Fouracre appointed Kathern Gruber, educational director of the American Foundation for the Blind, who kindly accepted.

REPRINTS OF THE CONSTITUTION AND BYLAWS ARE AVAILABLE

A limited supply of reprints of the revised ICEC constitution and bylaws, as published in the September magazine, are available by request.

COUNCIL ON THE GIFTED APPLIES FOR GOVERNING BOARD RECOGNITION

Thirty-two members of ICEC interested in the education of the gifted have organized and signed an application for recognition as a division of ICEC. Albert Oliver of the University of Pennsylvania is acting as the chairman. Action by the governing board will be taken at Kansas City.

HUNTER COLLEGE CHAPTER OBSERVES 10TH ANNVERSARY

Ida Barron, historian of the Hunter Chapter writes that as this group celebrates one milestone, plans are being made for future activities.

The group is looking forward to furthering the work of their international activities committee. Important contacts have already been established with education of exceptional children in a number of countries. In addition, members are proceeding with the augmentation of their special library collection for students and workers in the field of the exceptional. Dr. Elena D. Gall has been the leader of the Hunter Chapter since its inception.

ICEC Co-Sponsors Meeting With Section Q of AAAS

Section Q of the American Association for the Advancement of Science has again invited ICEC to jointly plan a program at their yearly December meetings. Hotel Severin in Indianapolis, Indiana, is the setting for the 1957 event.

Rutherford B. Porter, Indiana State Teachers College, Terre Haute, has been representing ICEC in conjunction with the planning sessions. He and Arthur E. Traxler of the Education Records Bureau, New York City, have ready a stimulating series for December 26th and 27th. The latter will serve as general chairman of the AAAS-Section Q meetings.

Topics were announced in detail in the November *Bulletin* on page 117. Some of the participants are Paul Witty, T. Ernest Newland, Ralph H. Ojemann, Joseph Hirsch, Tony Milazzo, and T. D. Hanley to mention a few.

If you can, plan to be in the Indianapolis area for these sessions at the Hotel Severin on December 26th and 27th.

Appointments

- Raymond J. Bernero, Shirley P. Stein, and Alice Teegarden, as assistant professors of audiology, Gallaudet College.
- Richard S. Dabney, as a member of the Committee on the Education of Crippled Persons, International Society for the Welfare of Cripples.
- Ignacy I. Goldberg, to the Special Mental Retardation Project, Teachers College, Columbia University.
- Rick F. Heber, as research associate on the American Association on Mental Deficiency Project Staff.

• Arthur House as associate professor of audiology and speech pathology, Syracuse University.

• Joseph S. Lerner, as coordinator of special training classes and consultant for programs for the gifted child, Kern County, Bakersfield, California.

• Samuel K. McConnell, Jr., Philadelphia investment broker, as executive director of United Cerebral Palsy, Inc.

• Richard L. Masland, M.D., as assistant didector of the National Institute of Neurological Diseases and Blindness, National Institutes of Health.

• James O'Leary, of St. Louis, Mo., to the National Advisory Neurological Diseases and Blindness Council.

• Carl P. Oswald, as director of public relations of United Cerebral Palsy, Inc.

• Jozef J. Zwislocki as research associate and professor of audiology, Syracuse University.

1958 Contest on Hiring Handicapped Now Underway

Any 11th or 12th grade student in a public, private, or parochial high school is eligible to enter the "National Employ the Physically Handicapped" contest for 1958. The essay theme is "How Hiring the Handicapped Helps You and Me."

This represents the 10th annual competition. States and U.S. territories will participate through Governors' Committees on Employment of the Physically Handicapped. State chairmen will make all necessary arrangements with the school systems, and the states will establish the necessary rules of procedure and judging.

Prizes include certificates signed for the President; plaques for the high schools of the national winners; state and local prizes or scholarships as determined by state and territorial committees or by community committees; transportation and expenses to bring national winners to Washington, D.C., in addition to $2000 in cash prizes.

For further information, write today to the State Chairman, Governor's Committee on Employment of the Physically Handicapped, c/o State Office Building, State Capitol.

NSCCA BUILDS NEW QUARTERS

Earthmovers began to clear the site for the headquarters of the National Society for Crippled Children and Adults in the heart of Chicago's famed medical center recently. Occupancy of the new headquarters building is set for April 30, 1958.

People

• Lawrence J. Linck was elected treasurer of the International Society for the Welfare of Cripples, at the Seventh World Congress in London, England. He will serve for three years.

• Adrian J. Durant, Jr., staff psychologist of the Missouri State Department of Education, Special Education Section, was awarded his Doctor of Education degree from the University of Missouri recently. Dr. Durant is ICEC'S international membership promotion chairman.

• Sir Kenneth F. Coles is the newly elected president of the International Society for the Welfare of Cripples. He was knighted during the recent Congress in London, by Queen Elizabeth II, "for public and charitable services." Sir Kenneth is director of the Royal Alexandra Hospital for Children in Sydney, Australia.

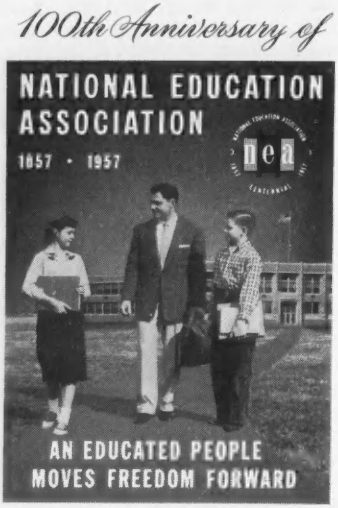
News of NEA

• NEA's Department of Home Economics met in Washington on October 19th to consider the further expansion program of their group. Plans for a series of three regional meetings to be held throughout the nation in connection with meetings of the American Association of School Administrators were completed.

• The Department of Classroom Teachers released a new study to help local teachers salary committees do their job. Titled *The Teachers Salary Committee and Its Work,* this 90-page manual is based on experiences of local associations, and is available from NEA at $1. per copy.

• If one important plank of the new action program of the Legislative Commission of the National Education Association is successful in the second session of the 85th Congress, teachers will have the privilege, along with doctors and lawyers, of deducting professional expenses from their income taxes. Several bills seeking revision of the Internal Revenue Code are already pending in the House and Senate.

NEA CENTENNIAL WORK ISN'T OVER! WORK CONTINUES, KIT AVAILABLE!



A special NEA Centennial Kit has been packaged and is now available to teachers and others interested in carrying forward the centennial theme "An Educated People Moves Freedom Forward."

Priced at only $1, this packet includes 25 copies of the booklist, "Moving Freedom Forward," compiled by the joint committee of the NEA and the American Library Association; two copies of the anniversary posters suitable for bulletin boards; one copy of the NEA Centennial Song Book; five packages of the seals; and copies of "Threads of a Century," "Education Goes to the Fair," and "To Consider Education in a Changing World." All of these are helpful in planning programs for teachers, parents, special occasions, and for public relations in radio and television work.

This Centennial Kit is available at $1 per packet from NEA, 1201 16th St., N.W., Washington 6, D.C.

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The Affect on Learning of

BRAIN PATHOLOGY

HAROLD F. BURKS

ONE of the most perplexing problems now facing modern education concerns the questions raised about the proper education of certain children in regular classes who are failing academically. Psychologists realize that most of these pupils could not be classified as mentally retarded, but for all practical purposes they need special diagnosis, special understanding, and special techniques of instruction. Teachers, on occasion, do attempt to get some of them appointed to special classes for the mentally retarded, and express distress when they are not so placed. This distress, though, cannot be compared to the discomfiture engendered in the special class if such a child is put there, particularly if he demonstrates deviate social habits along with the "above legal limits" intelligence quotient.

This writer would not deny that academic difficulties stem from many causes. An impressive body of research has consistently borne this fact out. Extended absence from school, impoverished cultural background, obvious physical defects, and severe emotional disturbances have been a few of the more obvious factors associated with retarded learning. In some cases the connection between such factors and slow achievement, is a clear cut one (as, for instance, between sight loss and reading difficulties), but in other cases the suspicion lingers that the fact of association is taken to mean that there is a causal relationship involved. If in reality there are other agents operating to produce the handicap, a child may be grievously harmed because the faulty diagnosis may cast a reflection on him, and may easily lead educators to adopt inefficient methods of instruction. One such causative agent, not always giving obvious signs of its presence, is an underlying organic brain dysfunction.

• **HAROLD F. BURKS** is director of guidance for the San Gabriel School District, California.

This article will show the close relationship of organic brain activity to overt behavior in two ways: (1) Through the author's observation and research in this area. (2) Through a brief review of some very recent investigations into the physiology of the brain.

Characteristics of Children with Possible Brain Impairment

The child discussed in this article can be described as follows. He most often demonstrates severe academic deficiencies particularly in reading. He can be shown to possess a general intelligence rating above that accepted as a criterion for placement in a mentally retarded class. He may have trouble with perceptual tasks. He may or may not be a so-called "behavior problem," but he does commonly exhibit such symptoms as distractibility, impulsive action, and restlessness. He is often uncoordinated in large and small motor tasks. The teachers call him "immature." (The male pronouns are used advisedly since most of the children demonstrating this syndrome of behavior are boys.)

Because of unusual learning difficulties in specific areas we might be justified in calling these children pseudo-mentally retarded. As in the field of true mental retardation, a heterogeneity of symptoms can be noted and recorded. Many will note the close similarity of this pattern of behavior to the clinical picture of the brain-injured mentally deficient child described by Strauss and Lehtinen (11). It is possible, also, that the pattern could be classified under the "exogenous" label, although the underlying dysfunction, while undoubtedly caused by unfortunate events occurring after conception for many, might also be an expression of delayed physical maturation for others.

Viewpoints on Brain Structure and Mentation

Important advances in knowledge about brain functions have been made as a result of systematic observations of individuals known to have suffered cerebral insult. Knowledge of a lost ability which is associated with a demonstrated dysfunction would help in the understanding of what functions are necessary for adequate mental performance. This is precisely why the writer has chosen this type of child for continued research. It is his belief that basic intellectual potential has been adversely affected in particular ways because of certain organic brain conditions. We may not specify that these are "brain injuries" resulting from damage to nerve tissue, because this is not entirely clear at this point. Suffice it to say, the effects of such conditions are detrimental whether they have occurred because of chemical, metabolic, or structural pathology. The investigator has come to feel that certain multiple signs are characteristic of the syndrome. He believes that these signs are evidenced as a result of conditions which are basically affecting the pattern-making attempts of the brain, and that this problem occurs because of faulty physiological integration. Furthermore, the level at which the condition exists in the hierarchal structure of the brain tends to give rise to a constellation of pathognomonic signs.

A half-century of brain experimentation reveals to us that the most recent acquisition of the nervous system, the cortex, serves as a general site for uniquely human qualities, and an impairment here is very likely to result in intellectual deficit. The opinion has been held that such is not likely to occur if the pathology is confined to sub-cortical organs. The writer would like to raise a mild challenge to this viewpoint, because he believes that no condition that causes a demonstrable change in behavior can help but affect mentation. It is most possible that individual ability to acquire, retain, correlate, and utilize knowledge both inwardly conceived and outwardly expressed, is not entirely invested in the cortex. The traditional viewpoint is that the lower brain centers, which include the brain stem and the nerve center associated with it, play a major role in regulating the automatic functions and arousing of raw emotions and primitive drives. However, recent investigations of these sub-brains point to additional important integrative functions which they must perform.

The Story of the Electroencephalogram

In earlier studies conducted by the author (2), an attempt was made to study the relationships of particular types of electroencephalographic tracings to the behavior characteristics of 137 school problem children. These were, most often, the aggressive, acting-out type so familiar to educators. Teachers rated these pupils on their conduct and an analysis of this data indicated that the majority showed poor concentration, impulsiveness, aggressiveness, poor perception, and social awkwardness, and demonstrated these symptoms to a much greater degree than did a control group of 94 children. One of the most intriguing facts to emerge, however, concerned the employed behavior rating scale. We learned that it could differentiate the problem children who had acquired abnormal EEG tracings from those who acquired normal tracings. While there was a distinct overlapping of behavior signs noted for the two groups, there was a constellation of symptoms characteristic of the abnormal EEG group which was not so pronounced for the normal EEG group, and vice versa. The abnormal EEG group exhibited greater difficulties in the perceptual-academic functions, while the normal EEG group demonstrated more severe problems in the emotional-social areas. There was a very common tendency for the children of both groups to be poor readers, and while an abnormal brainwave pattern accentuated this tendency, even the "normal" pattern, if accompanied by high-strung aggressive behavior, did not significantly affect the trend. This had led to further research into the organic basis for reading retardation, which the author is now conducting under the sponsorship of the Elizabeth McCormick Memorial Fund.

Intelligence test profiles also reflected differences between the two groups. The abnormal EEG group consistently showed more difficulties in the verbal sub-tests than they did in the performance subtests on such measures as the Wechsler Intelligence Scale for children. The normal EEG group generally demonstrated a more even profile, but did fall off in thought processes that required close attention and mental manipulation. A good ex-

ample of this is the arithmetic sub-test on the WISC. These results could be expected. In the absence of severe motor handicaps the abnormal EEG group with the noncomitant cortical pathology should show more trouble with abstract associations, and the group with probable subcortical dysfunctions possibly should demonstrate more difficulty in concentration because the organs of attention-focusing center around the brain stem.

Functional Differences Between the New and Old Brain

The above findings led to the formulation of an hypothesis that the cerebral disorders of behavior problem pupils demonstrating abnormal EEG's were chiefly centered in the cortex (new brain), while those of the behavior problem children showing "normal" EEG's were present in the diencephalon (old brain). Such a distinction seems permissable on the following bases:

1. Lindsley (9), along with other investigators in the field of electroencephalography, has pointed out that the EEG has restricted value in the diagnosis of sub-cortical pathology, and in its presence EEG tracing is likely to be normal.

2. Strauss and Lehtinen (11), emphasize the essential effects on behavior contributed by these two major areas of the brain. The cortex, or new brain, has a vital role to play in higher thought processes and in modifying and inhibiting grosser emotional reactions. The diencephalon, or old brain, amongst other things, is concerned in the regulation of emotional reactions and expressive movements. The constellations of behavior signs noted by the teachers on the behavior rating scale, employed in the study mentioned earlier, corresponded to the hypothetical site of the brain dysfunction assigned by the EEG tracing. The reader will understand that no perfect correlations were discovered, but the distribution of the data was shown to be statistically very different in this respect.

Furthermore, it is worthwhile to report that the teachers found the sub-cortical pathology group harder to get along with because of excessive high-strung, erratic, and explosive conduct than they did the cortical group. This points to the distinct probability that alterations of functions lying toward the mid-brain act more catastrophically upon the ability of the individual to inhibit such behavior.

Finally, the reader will be interested to know that when a number of these children were given a certain type of medication, and were later rerated on their behavior, the author (3) found that those with apparent deep brain dysfunctions improved more significantly than did those with cortex pathology. The reason for this becomes more clear when it is known that the medication is thought to act principally upon diencephalic areas (7). For both groups the category of conduct most altered concerned behavior involved at a very autonomic or vegetative level. This included such symptoms as restlessness, hyperactivity, distractibility, explosiveness, and cyclical and erratic school performance. These factors seemed to be beyond the control of the children involved and the writer raises the possibility that a prime component of a brain dysfunction is the inability of the brain to inhibit or control thought processes (which is often called the power to focus attention). The reasons for this are not clear but it is possible that the brain is flooded with non-essential stimuli, or that certain organs which are involved in concentration are affected adversely by factors associated with brain pathology.

Some Recent Research in the Field of Brain Physiology

An earlier mention was made of recent investigations into the physiology of the brain. The writer would like to touch briefly on some aspects of these studies.

One of these concerns brain wave action. It is thought that there is a relationship between the electrical rhythms of the brain and learning. It has been amply demonstrated that distinct changes do take place in these electrical wave forms when perceptual stimuli is received over classical sensory pathways, and when thought processes occur (12). Current hypothesis postulate that the brain endeavors to become more "alert" or more sensitive so that a stimulus can be received rapidly and processed properly (8). An amazingly cogent bit of tissue located in the brain stem apparently plays an extremely important role in "readying" the brain for action. It has been labeled the reticular

activating system and has excited keen interest among researchers (1,6,10). The more it is studied, the more is understood about the great influence it plays in integrating cerebral functions. It is the "switchboard" of the brain. Lindsley (10) has pointed out that when it is out of action signals are recorded in the cortex but go unnoticed by the individual. All the major sensory pathways send branches into the reticular formation and when suitable stimuli are perceived in this organ, the brain may be awakened, or, if it is awake, it can be made to focus attention in general and specific ways. This "center of consciousness" can also be stimulated from cortex networks. For instance, the learning "sets" which are conceived in the cerebral cortex can stimulate the reticular formation and keep it vigilant.

Our understanding of the problems of these nervous high-strung children, referred to earlier, is extended when we know that the reticular formation is also thought to be a "screening" organ which filters out excess stimuli entering the brain from the sense organs (7). When it is not carrying out this duty it is hypothesized that the cortex is being bombarded with electrical stimuli so that the focusing of attention is made extremely difficult.

Present theories postulate that a dysfunction at any level could influence the neural integration of the brain because of the affect on the reticular formation from cortical networks or from sensory pathways.

Much of the work the writer has been doing this year is concerned with testing these theories. Briefly, many poor readers have great difficulties in retaining certain visual after-effects which are primarily cortical and not retinal in nature (4). Known brain-injured children and mentally retarded children have even more problems in this respect. Furthermore, when additional tasks are introduced which might divert attention, we see in many cases, that the after-effects are reduced or wiped out. This is particularly true of poor readers with accompanying behavior difficulties. Thus, we may be coming closer to the time when it will be known that many or most reading difficulties are due to faulty pattern-making attempts of the brain, which, in turn, is based on an inability to focus attention with all that this implies in the formulation of higher thought processes. Burks and Bruce (5) have pointed out that higher level abstractions (which requires the person to see less obvious patterns) are more difficult for poor readers than for good readers.

Summary

The brain is a little understood organ. While brain structure has been explored for many years yet just how the brain manages to complete and correlate its many varied duties is largely a mystery. Many researchers today feel there is a relationship between the electrical rhythms of the brain and learning. Furthermore, the hypothesis was put forth in this article that mentation is affected adversely even if the organic dysfunction is sub-cortical in nature. Essential differences, as well as similarities in exhibited behavior, will be demonstrated according to where the pathology is located in the brain.

The brain acts as a unit even though the discrete parts tend to be responsible for characteristic functions. No matter what the task, all parts attempt to coordinate in order that maximum adaptability can take place; the more complex the task the greater the demands on this organ. Many school assignments, such as reading, are extremely abstract in nature, and a breakdown in any of the brain's components is likely to cause the child to experience difficulties. Future attempts to help the child to overcome these problems must take cognizance of this fact.

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(Continued on page 174)

Current Audio-Visual Materials on the Exceptional

JEROME H. ROTHSTEIN

The Right To Hear. **U. of Iowa, Iowa City. Color; Sound; Running Time, 28 minutes; Rental $6.75.**

DESCRIPTION: Problems of the deaf and severely hard of hearing are presented in these cases typifying mild, moderate, and total deafness. Shown are the techniques of group audiometric testing, individual pure tone examinations and a follow-up case conference with an otologist. A parent interview introduces the subject of medical care, fitting, and techniques of using hearing aids. A sequence describes teaching of lipreading methods and the need for education of the totally deaf. The film presents the program at the Iowa School for the Deaf and shows methodology in teaching the various school subjects to deaf pupils. The use of group hearing aids, the social, recreational, pre-adolescent, and the trade and vocational programs are depicted.

Everybody's Handicapped. **Source: Contemporary Films, 13 East 37th Street, New York 16, N.Y. Black and White; Sound; running time, 18 minutes; Rental $5.**

DESCRIPTION: An employment service placement officer learns that in the man who is physically handicapped he has as good a product to sell as in the one without a disability—that the properly placed so-called handicapped worker is no more handicapped vocationally than the ordinary worker. In support, this film shows many instances of exceptional job performance of handicapped workers, illustrating that, from the employer's point of view, physical limitations are amply compensated for by greater efficiency, less absenteeism, and a lower accident rate.

Precious Jewels. **Source: Director, Children's Retreat and Training School, South Grand Rapids, Michigan. Color; Sound; running time, 35 minutes; Rental, $5.**

DESCRIPTION: This film was taken at a religious institution for mentally retarded, both educable and trainable levels; emotionally maladjusted and brain injured children. It shows the intake program: psychological testing; medical examinations, and a case conference relating to the residential and a day school program. The film presents classroom procedures at the early elementary level, the use of concrete teaching materials, training in self-help and motor skills. The program in speech correction, arts and crafts, and vocational training are shown in detail. The recreation program and training program for nurses who will work in the programs for the mentally retarded are depicted.

A Light To My Path. **The Junior League of Tampa, Florida, 935 Frankland Road,**

Tampa, Florida. Color; Sound; running time, 18 minutes; Rental, Transportation only.

DESCRIPTION: This film follows the training of severely retarded children from nursery school through a sheltered workshop. The nursery school program emphasizes self-help activities in dressing, eating, motor coordination, and locomotion. The school-aged children are shown in an educational setting presenting language and speech development, social and recreational activities. In the sheltered workshop program a variety of subcontracting activities such as sewing machine operation, use of power tools, silk screening, and printing are presented. The role of the volunteer workers in a total community program is emphasized.

THE EFFECT ON LEARNNG OF BRAIN PATHOLOGY

(Continued from page 172)

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THE EMOTIONALLY DISTURBED CHILD IN A RESIDENTIAL TREATMENT CENTER

(Continued from page 164)

Summary

We have just described a treatment plan for a particular boy. This plan was evolved after a careful clinical picture was established. It was a plan uniquely geared to meet the needs of Ricky's personality structure.

It was recognized that Ricky came to the Village with considerable ego strength which was utilized in the total treatment plan. The boy's strength permitted flexibility in his relatedness to staff members and allowed responsively aware flexibility on the part of staff. A boy with a greater degree of rigidity would have necessitated a very different treatment plan and a situation where the role function of staff members would have had to remain much more constant. The latter kind of youngster would have been too threatened and too confused when faced with changing role functions among those adults to whom he had become closely related.

Specifically, the plan called for Ricky first to get involved meaningfully with his school counselor and in this way begin to express some of his suppressed negative feelings in everyday situations. This technique was decided upon in order to permit Ricky to develop a more intimate awareness of his fundamental problems, and move from these into emotion provoking areas in which he had previously been blocked. This successful experience with the school counselor permitted Ricky to move gradually into a positive therapeutic relationship with his therapist. The double impact of two intimate positive relationships in conjunction with many other positive relationships in the total milieu permitted Ricky's eventual successful return to the community.

Staff flexibility, appreciation for milieu philosophy, creative expression, and administrative conviction can produce real meaning for the term—residential treatment center.

—G. ORVILLE JOHNSON

New Zealand's Correspondence School

Carol Halstead, Homebound Teacher
Phoenix Elementary District
Phoenix, Arizona

Tucked away in a remote corner of the globe, a mere speck in the vast South Pacific is the tiny Dominion of New Zealand, often mistakenly thought of as a tropical adjunct of Australia. Noted for its "progressive" ideas and practices in the fields of politics and socialized medicine, New Zealand also has a forward looking educational policy. Of special interest are the provisions made for the education of exceptional children.

Beside a fine network of regular schools, from primary to university level, there are also schools for the deaf and blind, special classes for the partially deaf and partially blind, a home for crippled children, centers for the cerebral palsied, special classes in the regular schools for mentally handicapped children, and centers for the seriously retarded, or what is called in New Zealand the intellectually handicapped. The government also maintains a correspondence school to provide an education for children for whom no other school is available, for example: those on light-houses, on isolated sheep stations, or in other remote places; those who are unable to attend regular school because of a physical condition; and to round out the curriculum for some of the rural high schools.

This educational opportunity is offered without charge to children in the equivalent of our grades 1 to 12. The government pays for all materials and postage. This service is supplemented by radio programs, also presented by the school over government-owned radio stations. In the Wellington area, the capitol of the country and site of the education department's headquarters, a visiting teacher is provided, but in other regions the parents must assume the role of teacher. Materials are also available to help parents with a variety of childhood problems, such as thumb-sucking, fears, and enuresis.

Allowances are made for individual differences, but of necessity there is a close adherence to the subject matter approach. The curriculum is broad, consisting of such subjects as the sciences, foreign languages, needlework, woodworking, and handicrafts. Teachers are specialists in a particular subject and one works solely with the mentally retarded.

The Correspondence School is held in high esteem and the enrollment is large. The children wear school badges and school colors. In the larger population centers parent-teacher meetings are held and field trips undertaken. Work completed through the school is accepted anywhere in New Zealand and records show that Correspondence School graduates have done as well on matriculation tests as average regular school students.

Although two weeks by sea and thirty hours by air from our shores, and an equally great distance

from Europe, New Zealand's isolation has not caused her to be educationally backward. Although her services for exceptional children are admittedly inadequate, the need has been recognized and plans for expansion of facilities are in the making. In the meantime, the New Zealand Education Department's Correspondence School is doing a good job of meeting the needs of homebound children.

THERAPEUTIC EDUCATION, by George Devereux. 435 pages.

Harper & Brothers, N.Y. 1956 $5.

Naomi Gilpatrick
Haskell, New Jersey

One of the health aims of every far-sighted school program is to develop the kind of sound mental health that will stimulate human beings to behave in a desirable manner. Teachers interested in encouraging psychologically healthy attitudes in their students will find this comprehensive study of children enlightening and profoundly contributive to their own growth as responsible teachers of a well-rounded health program. The author had given himself the challenging task of studying why 15 students failed to respond to therapy calculated to improve their mental health and attitudes. He goes extensively into the history of this phase of health education, beginning with the shamanism of early tribes, because he feels that parental resistances to therapeutic education are a product of the struggle between educators and parents over the right to "indoctrinate" the child. There are three phases in such a health program: the unlearning phase (of distorted attitudes), the neutral phase, and the re-learning phase. The objective of this education is the humanization of the child. This involves teaching a child how to implement his human potentialities in a relational manner. "Project teaching" is one method. Another goal is increasing the child's capacity to obtain insight into himself.

The objective of sex education is not simply to prevent degrading, socially disruptive acts, but to "educate adolescents for the dignified, creative, and socially constructive role of the loving spouse." Building a capacity to love is constructive. "Children become neurotic through being denied the proper kind of love, and, once they are neurotic, it is harder to love them than if they were normal." He points out that hostile children want to be good and that their misbehavior is "an expression of their desperate need to be restrained."

Mr. Ferdinand, supervisor of the Devereux School, said that the chief qualification of therapeutic teachers is their ability to adjust their activities and personalities to the make-up of the individual child, instead of demanding that the child adapt itself to the teacher's personality and neuroticisms. The Devereux institution, where most of the cases discussed here were studied is a boarding school for emotionally and mentally disturbed children, some 600 in number. "Therapeutic education" thus narrowly confined to a specialized group is as great an innovation as psychoanalysis was in its time. Its goal is not to cure the symptom, but to cure the child and to do this, it focuses on the methods and techniques around the disturbed child's "islands of health."

The brief and well-interpreted 77 case histories are one of the most valuable features of this book.

***The Four IQ's*, by Edgar Doll**

Reprints of the very popular article as it appeared in the October 1957 issue of EXCEPTIONAL CHILDREN are now available. Order from ICEC headquarters. You may include other ICEC publications, but the over-all total must not be for less than $1.

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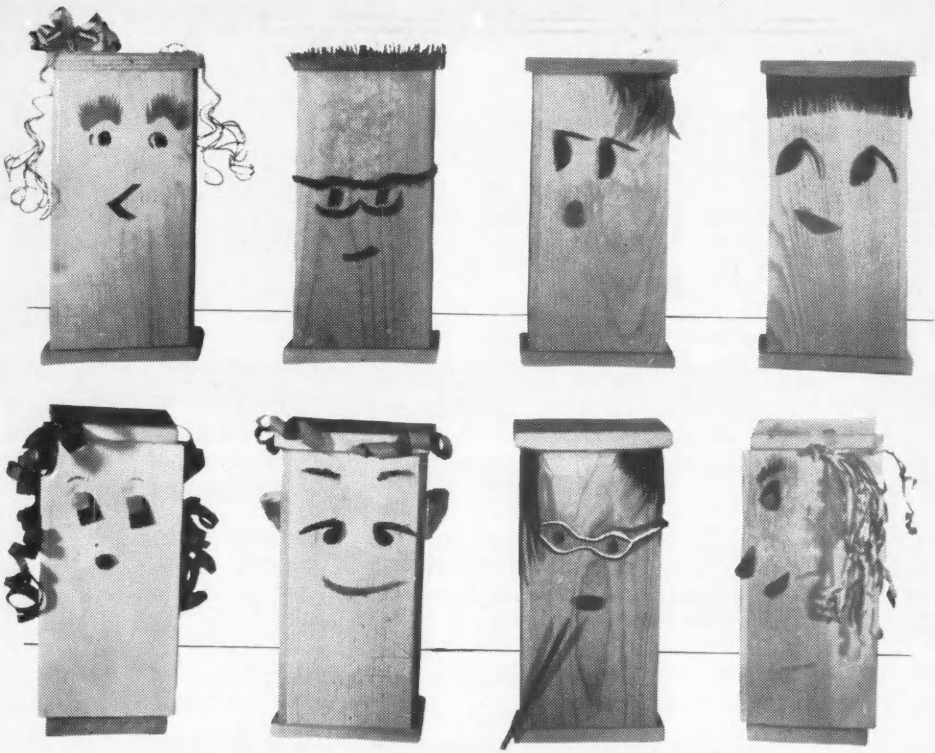

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GENEVIEVE DRENNEN

The Eyes Have It!

This issue has been prepared by Adelyn Dwyer of Akron, Ohio, as a representative of the Council for the Education of the Partially Seeing. By preparing and submitting material of particular interest to teachers of the partially sighted and blind, the Council will no longer distribute a newsletter to its members.

FREEDOM THROUGH TRAVEL TRAINING

Arthur Lown, Itinerant Braille Teacher,
Atlanta Public Schools, Atlanta, Georgia

How unmistakable is the glow of the child who is blind, at the completion of each new trip in the course of his travel training! As a kindergarten child, he has located his coat from among the others. He has come alone, for the first time, from his first grade class room to the braille resource room to get a book. A few years later he has gone unassisted four blocks from the school to his home. After that, he has returned home by bus from a swimming class at the "Y." In high school he has visited a specialty shop for a "wonderful carbon mike." This required that he ride busses and transfer. Now, without having told anyone where he was going, he mentions quite casually that last Sunday, all alone, he went across town to church because he "likes the kind of hymns they sing."

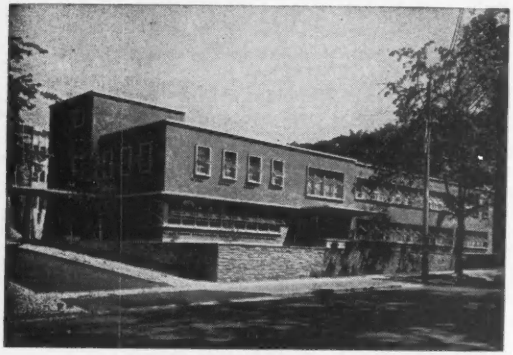
From kindergarten on, he was trained to walk along the right wall of the hall using the backs of the fingers of his right hand as contact so as not to soil the wall. Now he walks naturally along the right hand side of the sidewalk, seldom knowing the embarrassment of hearing oncoming pedestrians turn aside to walk around him.

From the beginning he has been shown many transit patterns. From the shapes of raised letters and geometrical figures he is able to visualize that:

1. This building is "H" shaped.
2. This lawn is oval.
3. This intersection is "X" shaped.

He has been taken by the resource teacher for a ride on the bus. At the end of the line he was allowed to examine the seating arrangement and fare box. His attention was called to the low, thundering sound of the trolley poles passing under breakers and switches in the wire along the route. A little at a time, he learned to memorize the location of these, and to make mental notes of curves, turns, hills, railroads, bridges, bumps, smells, noises, police whistles, and congested intersections.

Summer Session Program for Educators of EXCEPTIONAL CHILDREN



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He was encouraged to listen for echoes reverberating from buildings, utility poles, and up-curbs. He learned several unique uses of a collapsible cane, and how to discriminate against using it when it might be more in the way than helpful.

After much experience in making and using maps, he was given one of downtown Atlanta for formal instruction and leisurely exploration. Blocks were cut from plastic and mounted on the base of the map so that the grooves between them enabled him to visualize the complicated downtown street patterns. Wires in the grooves indicated transportation routes. Staples showed irregular crosswalks. A variety of tacks indicated service stations, driveways, and parking garages, which he learned to avoid because traffic crosses the sidewalk at these places, breaking the right hand guide line. A braille code indicated the more important buildings and a braille key described the location of irregular bus stops, giving in detail their routes through the congested and confusing streets.

The goal of the teacher in this training was more than the encouragement of movement. It was to dispel some of the fears in the minds of the family, friends, and the public; to enable the individual to go freely about the city. Best of all, it was to contribute to his general sense of freedom. In this achievement it was felt that the boy's personality did develop, but to what extent, the future alone will reveal.

CAMPING

Maurice Case, Recreation Director,
The New York Association for the Blind

From Camp Lighthouse, Waretown, New Jersey, comes the following:

Our campers have the same personal needs we all have. Everyone has to "live with himself," to have a sense of self-worth; everyone has to live with others, to feel needed and wanted; we all have to have some purpose, some direction, and some meaning for tomorrow.

In the ever-continuous life processes of adjusting, we live primarily through what we know, and through the cumulative emotional meaning this knowledge has for us. Vision plays a major role in the acquisition of knowledge as well as in the feeling tones and attitudes that color and season this knowledge. Physiologically our muscles and nerves require movement, stimulation and change for physical and mental well-being. Blindness severely restricts movement and learning activity. Inevitable consequences are: lessened communication, intellectual stimulation, knowledge, creativity, and sociability.

Although blindness itself is not a unifying factor among blind people, no more than sight unifies those who see, there does exist a bond of identity and mutual interest. Yet blind people resent the grouping expressed by the general phrase, "the blind." They want sighted people to be easy and natural with them.

Here are specific suggestions to use when in the company of a blind person:

1. Make your presence known with a casual greeting.
2. Talk naturally as you would with a seeing person; don't raise your voice as though the person who cannot see is also deaf.
3. Address the blind person by name if he is the one expected to reply. Otherwise, he might not know the remark is directed to him.
4. Refrain from commenting on mail, written for, or read to a blind person.
5. Help to familiarize a blind person with his surroundings. He is more at ease when he knows what is around him.
6. Leave doors fully open or shut. Partly-open doors are hazardous.
7. In guiding, precede and offer the person your arm.
8. Inform a blind person about any change in weather or in plans about which he may not know.
9. False and excessive praise for mediocre accomplishment is a poor basis for a wholesome relationship.

Although some of our campers are partially sighted, those with the most vision are not necessarily the most adequate campers. Relative adequacy is determined by a person's ability to accept himself as he is, to develop good attention, association, and retention techniques; to supplement the little seen with what he hears, smells, and feels and what his muscles remember. Some of our totally blind campers need less assistance than some of the partially sighted campers.

LET'S TEACH LISTENING

Arthur W. Foshay
Director, Bureau of Education Research
Ohio State University

(Reprinted from Ohio School of the Air Program Bulletin)

What goes into the skill called listening? Two things, certainly: attention and receptivity.

The trick of getting a child to pay attention consists largely of a preparation through discussion that suggests to him what he is to expect. Attention, then, is among other things, a matter of bringing the appropriate expectations to an experience. It consists of helping a child to learn what to listen *for*. The difference between attention and in-attention is sometimes the difference between a teacher who tells a child to listen *for* something and one who tells the child to listen *to* something.

Receptivity, or listening *to* something, is also required. So often, when we give children directions, they don't "hear" what we say because of some pre-existing mind-set; that is, they are expecting to hear something different from what we say, and they hear only what they expect to hear.

So the problem is to get children to listen *for* something, and also to listen *to* what is actually presented. The goal is to have a mind in focus, yet a mind open to something new.

There is a superficial contradiction between these terms. The interesting thing is that those people who are in focus are those who are most receptive. Only if you have been prepared to receive an experience can you receive one; that is, only if you expect to have something happen to you as a result of listening, is something really likely to happen. One of the most fascinating abilities of the human organism is the ability to "tune out" what is not wanted. How often have you "listened" to the radio without hearing it? Children can do this, too. If they couldn't their nerves would be frazzled, for there would be an onslaught of noises, each requiring separate evaluation and assimila-

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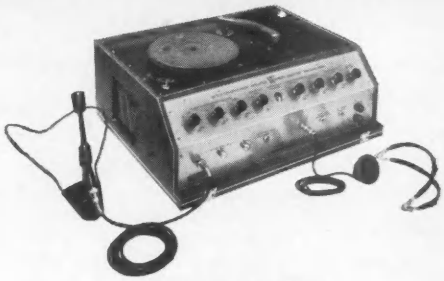

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tion, that no organism could tolerate. So children "tune out" what they don't need or cannot tolerate.

The only way to open up one's mind is to get it working, and to get it working requires that it be in focus. Where children are prepared for listening, their criticisms of what they hear will be more intelligent, and the entire listening experience will have greater learning potential for them.

A DIRECTORY

Georgie Lee Abel
Consultant in Education
American Foundation for the Blind

The American Foundation for the Blind maintains a directory of schools and programs for blind and sighted children. Through this directory it makes available to teachers and administrators complimentary samples of its pertinent publications. Within the limits of its staff time and budget, it offers consultative help and a referral service to parents who desire information concerning location of programs and schools. One of the prized relationships of the Foundation has been in its acquaintance with the teachers in numerous classrooms throughout the country, as it meets these teachers in the various summer preparation courses. Programs and enrollment of schools where blind children are being enrolled are increasing throughout the country, and it is to be hoped that the quality of services can keep pace with the quantity of effort at the present time. It is an inspiration to try to serve teachers of blind children.

A SUPPLEMENT

Henry Stewart, Inc., 210 Ellicott Street, Buffalo, New York, announce Supplement C to Lorraine Galisdorfer's *Educational Reading Guide for Partially Seeing Children* which lists many new large-type books in all areas that have been published from 1953 to 1955.

A complete bibliography compiled by Miss Galisdorfer may be obtained from the publisher for $2. This compendium of books is the only complete reading guide of books printed in large type for readers with limited vision. It will keep you abreast of changes. new titles, and sources, as well as grade levels, prices, etc.

Miss Galisdorfer's "searching ways" have saved many teachers of children with visual problems a great deal of time.

TANGIBLES TO MAKE

Counting Discs: Local milk dealers will usually sell or give tops of cottage cheese cartons which make excellent counting discs. These are durable, large, easily handled, and stored.

Tapeline: Cut two one-inch strips, the vertical way, from one-inch lined chart paper. Staple or glue the strips together. Allowing room at the ends of the strip for tabs which may be cut from bright colored felt or paper, count 36 lines which will be 36 inches. Using a pencil with extra soft lead, the child may place the correct number at each line, and create an accurate, one yard tapeline. *Foot-rulers* may be made by omitting the felt tabs and pasting 12 inches of the paper on heavy cardboard strips cut from department store boxes.

Clock: Cut 12 circles about 14 inches in diameter from heavy white paper. With India ink and a pen which will make a broad stroke, place large Arabic numbers from one to twelve on one side of the circles. On the other side of the circles place Roman numerals from one to twelve. Secure a large piece of Celotex from a hardware store or lumber company. This should be no smaller than 18″ x 24″. (A cork bulletin board is very satisfactory). Paint this with a pastel color, or cover with colored paper. Place large minute and hour hands which have been cut from heavy black paper, in the center of the board by using an upholsterer's nail. A nail of this type, having a head and length, will not pull out when the hands are moved. The children may than build a clock by placing the numbers in respective places about the hands. For the first lessons, the side showing the Arabic number is used. Later, the side showing the Roman numeral is used when building the clock. Again, at a later stage, in learning to tell time by the minutes, 12 circles can be prepared to show minutes. Now, when building the clock, the children can place the circle which says 5 minutes under the 1 on the clock, 10 minutes under the 2, 15 minutes under the 3, etc. This clock will prove more useful than many commercially prepared ones.

Individual Globes for Social Studies: Select a large, round grapefruit. Cover it with a light film of vaseline. Make paper maché by dipping torn strips of unprinted news paper into prepared liquid starch. (Ordinary commercial type). Place this around the grapefruit using care to keep the global contour. Before setting aside to dry, pat excess starch from the globe with a clean cloth. Allow one day for drying. Apply two or three additional coats, using the same procedure. When thoroughly dry place a rubber band, or stretch a string tautly about the globe to mark the equator. The teacher then cuts along this line with a coping saw or razor blade, separating the globe into northern

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and southern hemispheres. Now the grapefruit may be removed, washed, and eaten. The hemispheres are fastened together again by strips of papier maché or glue. Paint the globe with blue water color to represent the water areas of the world. When the paint is dry, stretch colored thread, colored tape, or gimp about the globe to mark the equator again. Place outlines of the continents which have been cut from light weight black paper in their proper places on the globe, using glue or paper cement as ordinary school paste will not hold.

Note: Although for best results the teacher must cut the outlines of the continents, and remove the grapefruit; the child must identify the continents and put them in the proper place. From this activity the child's almost certain to be able to identify and locate the continents, oceans of the world, and the equator; as well as to have the fun of eating the grapefuit, and creating from paper maché something which is actually worthwhile.

RESOURCE BOOKS FOR AUDIO-VISUAL MOTOR-TYPE TEACHING

Audio-Visual Methods in Teaching, by Edgar Dale, Dryden Press, N.Y.

Making and Using Classroom Science Materials, by Blough and Campbell, Dryden Press, N.Y.

Paper Sculpture, by Arthur Sadler, Pitman Publishing Co., N.Y.

Five records that teach, for use in elementary grades are:

I'm a Tree, The Fog Horn, The Adventures of Marty, The Queen's Music Box, and *Paulie and the Fence*. ($1. each, or $4.50 per set. Audio-Visual Materials Consultation Bureau, Wayne State University, Detroit 1, Michigan).

If whenever possible, we let other teachers and parents know of books which meet good sight-saving

standards, and they purchase the books, perhaps more publishers will be encouraged to consider these standards when producing books. Most of us have recognized the value of *The Golden Books*, but have been putting paper covers on them because of the highly polished paper on which the covers have been printed. *Big Golden Books* are now available in sturdy, colorful, *Goldencraft Cloth Binding*. More expensive? Yes, but certainly more suitable for all children, and more durable (Simon and Schuster, Inc., Educational Division, Rockefeller Center, New York 20, N.Y.).

An Eye Opener, a practicable booklet on the use of visual aids will be sent to you by the author, J. L. Guiher, Training Division, The Goodyear Tire and Rubber Company, Akron 16, Ohio, if you mention this column. This practicable publication tells interesting ways to use visual aids as well as to suggest ways to make inexpensive ones. Free.

How to Make and Use the Felt Board, 50¢, Teaching Aids Laboratory, College Road Annex, The Ohio State University, Columbus 10, Ohio.

Numbers as the Child Sees It, will be sent without charge if you write to Minnie Fry, Educational Department, The John C. Winston Co., 1010 Arch Street, Philadelphia 7, Pa., and mention this column. This manual contains wonderful suggestions for using devices to teach number concept. John C. Winston manipulative devices are large and well-designed. Highly suitable for special classes.

Tangible Arithmetic from Kindergarten Through Eighth Grade, will be sent by Creative Playthings, Inc., Herndon, Pennsylvania. Although of an advertising nature, this catalog contains wonderful suggestions for meaningful teaching. *Equipment Materials for Early Childhood Education* and *Play Sculptures* will also be sent by Creative Playthings, Inc. Mr. Caplan, director, announces that their next contribution to the field of special education will be materials to make more tangible and visual the whole concept of geography.

Map Reading Activities, a booklet describing actual classroom procedures to help teachers secure the maximum use of maps may be secured from A. J. Nystrom and Co., 3333 Elston Ave., Chicago 18, Illinois. Free. This company has several globes and charts which are recommended by The National Society for the Prevention of Blindness. *Toward Better Understanding and Use of Maps, Globes, and Charts*, may be secured free from Denoyer-Geppert Co., 5235 Ravenswood Avenue, Chicago 40, Illinois.

The Netherlands Information Service, Netherlands Museum, Holland, Michigan, will send a small exhibit of life in the Netherlands, consisting of mounted pictures, costume dolls, a flag, wooden shoes, etc., AS A LOAN to teachers for two school weeks, exclusive of transportation time. The exhibit weights about 10 pounds and can be shipped parcel post. Postage must be paid by the borrower.

The Netherlands Information Service, Holland, Michigan, will supply copies for each child of a map of the Netherlands which shows its principal industries, occupations, and exports. (Size 8½ x 11, extra black print on heavy white paper of dull finish). In addition, there are two booklets written for children: *Holland, A Friendly Country*, which is printed in 14 point type and well-spaced. (One copy per child). *Around the Clock With A Dutch Family*, is not in large type, but has large pictures. This publication and others such as *Holland and the United States*, and *Holland, A Short Survey*, gives the teacher and children a wider concept of life in the Netherlands, and how that life has influenced our culture, particularly in the states of New York, Michigan, and Iowa. All are free.

Australian News and Information Bureau, 636 *Fifth Avenue*, New York 20, N. Y., will send a booklet containing 12 pages of maps of Australia. (Wonderful for sight-saving classes) they will also send a chart showing *Birds and Animals of Australia*, and the following publications: *Australian Birds and Animals; Australian Wild Flowers; Australia at a Glance;* and *A Look at Australia*. The latter publications are not in enlarged form, but provide interesting material for reports which children may give in regular grades.

One Hundred and Fifty Uses of the Tape Recorder, will be sent by Western Electric Company, 1909 Clark Street, Racine, Wisconsin. Free.

The Tape Recorder in the Elementary Classroom, a handbook of tested uses, may be secured from Educational Service Department, Minnesota Mining and Manufacturing Co., St. Paul 6, Minn. Free.

Wall Charts of Language Standards, are sold in packages of eight different charts by The World Book Company, Yonkers, New York, for 72¢. Some arithmetic and spelling charts are also available from this company.

Sonotone Corporation, Elmsford, New York, will send a large wall chart which describes the process of hearing together with a supplemental pamphlet entitled, "Mechanical Principles of the Human Ear," and a device which visually indicates the effect of common types of impairment in hearing for speech. No charge.

The Zaner-Bloser Company, Columbus, Ohio, provides *M-C Alphabet Cards,* individual copies of an alphabet of manuscript writing on one side of a card, and an alphabet of cursive writing on the other side. (Packages of 12 are 32¢.)

Rapid Design Pocket Pal Template #50 is a useful guide for the teacher when preparing charts, etc., of manuscript writing. (Office supply stores)

Puppets and Marionettes, a reprint from a chapter in *Childcraft,* describes many kinds of puppets and tells how to make them. (Free from Field Enterprises, Inc., Chicago 14, Illinois.)

Publication #231 Handbook for Recreation Leaders is a complete collection of games by Ella Gardner, including many which are suitable for the child with partial sight who is physically restricted from strenuous games. Children's Bureau, U. S. Dept. of Health, Education and Welfare, Supt. of Documents, U. S. Govt. Printing Office, Washington 25, D.C. 35¢.

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terial for health units. In some localities a mock-up of a cow is provided, a churn to make butter is loaned, and trips to dairy farms are arranged. Write to Nancy Carter, Program Service, National Dairy Council, 111 Canal Street, Chicago 6, Illinois, or to your local council.

A VISIT WITH AN ORTHOPTIST

Adelyn Dwyer
Akron, Ohio

"Doctor, I want to show you my new patch," Pam said as she climbed into a big leather chair, ready for her orthoptic exercises for the day.

"Black velvet, and covered with sequins! Your mother makes beautiful patches for your eye. Do you wear this one in the evening?"

"Yes, and sometimes I look at TV from underneath the patch and fool my Mom."

"Pam, you must never do that again. All of our work and exercises are a waste of time if you don't wear and use your patch as it should be worn," the doctor said firmly.

A visitor in the office remarked that Pam was wearing an attractive lanyard. Pam did not recognize the word lanyard, but the orthoptist adept at helping children with problems, came to the rescue by lightly touching the lanyard and saying: "A friend made this for Pam."

The orthoptist placed a frame containing vertical prisma on Pam, and Pam's eye calisthenics for the day began with a device called an *Arneson Korector*. This was a large disc which had a "strong stimulus pattern not easy to suppress." When it was turned it simulated a large E. There was also a brighter target attached to the disc which resembled the reflector from a tail light of a bicycle or car. Pam held an occluder of black plastic which resembled a large spoon with an extended handle. As the doctor rotated the disc to stimulate each eye peripherally, Pam covered first her left eye, and then her right eye. Neither eye was occluded the third time the exercise was performed, and she was asked to look at the image of the weaker eye while she indirectly perceived the image of the good eye.

The orthoptist is watching carefully to note whether Pam develops an eye condition which she called *anomalous correspondence*. This is a condition in which the child learns to use the eyes with the visual exes not in parallel alignment to each other. Fusion of two images results: one of an object falling on the fovea of the good eye, with one of an object *not* falling on the fovea of the squinting eye. (Vision may be bi-retinal, but not bi-foveal.) Suppression which may be uniocular, or alternating, results.

"Boredom is the bugaboo of my profession, from the child's standpoint," said the doctor. "If an anomolous habit has been established, the reflex habitually fixed, we must break or change that habit by acquiring a new one. This requires much repetition. Our manner of approach must be changed often because of the iterative nature of the work."

Now Pam was directed to a Troposcope, or Amblyoscope. (An arrangement of two tubes joined by a hinge. Each tube contains a convex lens, a mirror, and a light. This machine can be set to angle and locked, to see at what degree of convergence or divergence the patient can hold.) Pam's job was to place a bird in its cage, to put the dot in the circle, to tell where grass was shown in the picture, etc. The doctor had improvised a new picture for that day. She had placed identical decals on each of the slides, but background material was different. The key to this particular exercise was to notice placement of grass since both slides did not contain this detail.

"An orthoptist is always looking for new games and devices," the doctor commented.

Now Pam was taken into another room to work with the *Stereo-Motivator*. The left aperture of the goggles, the doctor placed on her, contained a red filter. The right one contained a green filter. Three slides of green, red, and white were superimposed one over the other to give the sensation of steropsis. First ring targets were used, one of red and one of green. The third one contained a

picture. The doctor praised Pam and told her that she had improved in her ability to tell when the rings and the rabbit seemed to move toward or away from her. (When binocular fixation is present, and rings are moving to a crossed position, the perceived ring will move toward the observer. The picture would appear to diminuate. Conversely, when targets were moving to an uncrossed position, the ring appeared to be moving away and the picture to increase in size.)

Pam's time was up, and Robert came in. Here was a boy who was realizing improvement. "My eye that turns is lots better," he said. "I can feel the air when my eye isn't working right."

Robert has progressed to the point that he works at home with an Ortho-Fusor and prisma. He does not need to wear a patch. He pulled his cards from a selection of Stereoscopic Charts, and he was eager to start at the *Rotoscope*. One interesting card was a picture of a policeman and a traffic light. A traffic light and a car were in view of one eye and on one side of the card. A traffic light and policeman were in view of the other eye on the other side of the card. Robert could not have seen a complete picture without using both eyes since this was an exercise to train stereoscopic perception. To accomplish this, fusion was a requisite. (Fusion is the ability of the eyes to combine into one image, the two slightly different images which are received by them. Since the image that is received by one eye is slightly different, the impression of depth and dimension is given when it is superimposed over the other, provided the image was also received by the other eye at its macula fovea, or point of sharpest vision. This is bi-foveal sight. On the other hand, if the pictures fall at different places on the retinas, only one reaching its macula fovea, vision will take place, but true fusion or stereoscopic vision will not, because only one clear picture was perceived.

Most of an orthoptist's instruments are stereoscopic. The old Keystone Viewers, which our grandparents or great-grandparents kept in their parlors, had two slightly different pictures on a card. The child with "crossed eyes" who went to visit his grandparents in those days may have been getting orthoptic training quite by accident.

In *Corneal Reflex Exercises,* Robert followed a light as the doctor flashed it to train fixation in both eyes. (Each time light is flashed into the eye, the eye tends to turn toward it, and stimulation of the macula results.) First convex, and then concave lenses were placed before both eyes. The convex lenses requires relaxation of focus. The concave lenses requires stimulation of focus. Throughout this exercise the doctor chanted rhythmically: "Clear, clear, clear, clear," as the lenses were changed alternately requiring Robert to relax focus, and then to use focus.

Next the orthoptist held the light about six inches from Robert's eyes, and repeated steadily: "Look at me, look at the light. Look at me, look at the light."

"All patients can not tolerate light as long as Robert can," she explained. "Each case is different. We are working with personality and intelligence as well as with the anomaly." For this reason, she does not believe that effective results can be obtained in group orthoptic training.

From this eye gymnastic, Robert moved to the Cheiroscope to test and practice hand and eye coordination. (The act of grasping, pointing, and

the child within the group

MARION E. TURNER

With a Foreword by

THEODORE M. NEWCOMB

A record and analysis of a unique experiment which provides new information on the development of self-control among children, on how early group controls become effective with them, and more general conclusions on how individuals learn to recognize and be guided by group-made rules. *"Valuable material . . . it will surely be a stimulus to further systematic study . . . In addition it is fascinating reading."*—John Dewey, of a manuscript draft of this study. $3.00

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reaching calls for usage of visual projecting as well as muscle projecting sense.) A picture in simple outline was placed on one side of a piece of paper before his better eye. This was attached to a clip board which was held in place by an easel. Paper for tracing was placed in front of the weak eye. Robert's task was to look through a stereoscope at the line drawing and to trace the projection of the picture perceived by the anomalous eye. His hand, guided by the eye being exercised (the anomalous one), traced the picture, causing the two eyes to work together. This, the *Cheiroscope* created a desire for simultaneous binocular perception and discouraged suppression.

Another device the doctor employed to solicit Robert's hands to help exercise his eye, was the *Keystone Eye Hand Co-ordinator.*

This was an ambidextrous activity in which "Russel Rings" (resembling wire rings which we use to dip eggs into dye) were used to circle consecutive numbers to be found in the stereo-pictures. Robert accomplished this with adeptness. This activity developed strength of use and range of fusion besides eye-hand coordination.

"We must train to use both eyes homonomously, and then to change back toward the good eye in order to establish a dominance," she said.

The orthoptist's point was illustrated by referring to the sense of hearing and to the use of the telephone. She said we hold the receiver of the telephone to a preferred ear, as if we could not hear through the other, when actually, if we need to use the other ear, unless an anomaly exists, we can hear just as well from either ear.

In further discussion the orthoptist added that parents, in everyday care of the child can do much to train bi-lateral activities. If a child has an eye which tends to turn, he can be placed in his crib in such a position that correct visual direction will be stimulated. "The urge for un-confused seeing in the young child seems to be stronger than his desire for clear seeing, and vision in the eye that confuses, is suppressed."

She referred to the Gesell studies which recommend bi-lateral physical activities for children. Example: A jumping board, a jungle gym, or a swing which requires the use of the entire body, is to be preferred to a scooter which requires only uni-lateral movement.

After Robert had gone from the office, the doctor told me of Hallie, a little patient sent from a speech and hearing center. Hallie not only has a vision difficulty, but she is a mild Mongoloid type.

Hallie is very young. Too many objects and activities are confusing to children of her type. Whenever she feels she is not doing her part in an answerable situation with the doctor she will scold herself by saying: "Now Hallie, cooperate."

"We must work with knowledge," the orthoptist repeated. "In the field of optometry we are concerned with the function and use of the eye when it is free from disease. The younger we get the children with strabismus, the more effective is the treatment since the more an anomalous reflex is used, the more difficult it is to replace with an homonomous one."

"A good orthoptist recognizes that *there are instances in which no amount of training will eliminate an existing suppression,*" the doctor continued. "If eyes are turned from birth, two or three operations, plus pre-operative and post-operative training in the use of the eyes, may be needed. We like to see strabismus cases before surgery, if we are to treat the patient most effectively after surgery. We must work cooperatively," she concluded.

Ed.: The orthopist in this article is well known for her special work with children. In keeping with professional policies, the name of the orthoptist has been deleted.

Section Q, AASA and ICEC

Christmas Meeting

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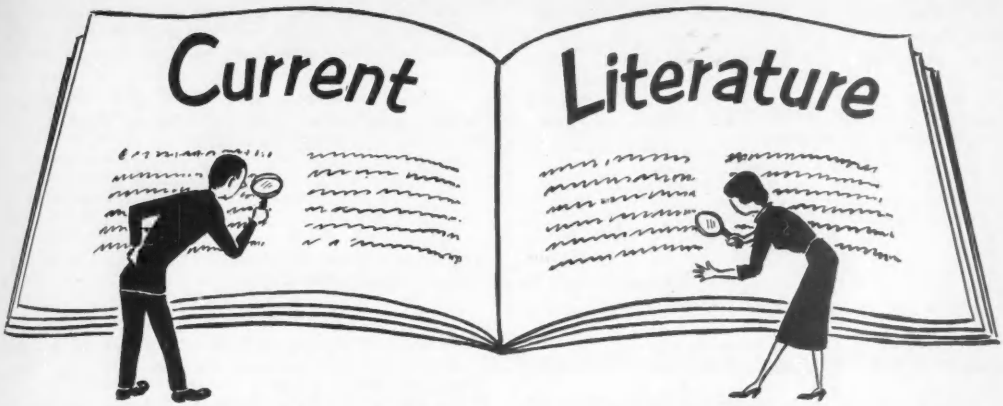
If you can plan a trip to Indianapolis during the Christmas Holidays, specifically for these dates, you can attend some very informative sessions on the education of the exceptional child. Time is short, so complete your plans now!



Compiled with the Assistance of the Library, National Society for Crippled Children and Adults, Chicago.

NEW BOOKS BRIEFLY REVIEWED

CLEUGH, M. F. *The slow learner; some educational principles and policies.* 1957. 186 p. figs. Philosophical Library, 15 E. 40th St., New York, N.Y. $3.75.

The author has been in charge of the Diploma course for teachers of subnormal children at the University of London Institute of Education since 1950. Methods employed in English schools and in the training of special education teachers are reflected throughout the discussion.

COMMISSION ON CHRONIC ILLNESS. *Chronic illness in the United States: Vol. I, Prevention of chronic illness.* 1957. 338 p. tabs. Harvard University Press, Cambridge, Mass. $6.

Purpose of the four-volume series is to present the views and recommendations of the Commission on the prevention of chronic illness and programs for the care and rehabilitation of the chronically ill. Volume I offers a series of 21 conclusions, and recommendations stemming from them, on the role and objectives of prevention adopted by the Commission in February, 1956.

GARDNER, D. E. M. *The education of young children.* 1957. 118 p. Philosophical Library, 15 E. 40th St., New York, N.Y. $2.75.

Mainly the book deals with the feelings of young children, play activities, mental health aspects of preschool children, parents and their children's problems, effective methods of nursery school teaching, and the value of and need for nursery schools.

SAUNDERS, JOAN, and NAPIER, MARJORIE, ed. *Spastics in Cheyne Walk; an account of the Centre for Spastic Children Cheyne Walk, Chelsea.* 1957. 156 p. illus., floor plan (end papers). Pitman Medical Publishing Co., Ltd., 45 New Oxford St., London W. C. 1, England, 20s (approx. $3.60).

A description of the founding of the centre and the daily routine and services available. Part III contains staff reports of the social worker, clinical psychologist, physical therapist, speech and occupational therapists, school teachers, house mother, the secretary and her assistant, and the physician. Appendixes contain information on cerebral palsy schools and teaching units in the United Kingdom.

PERIODICAL ARTICLES AND PAMPHLETS

Auditory Impairments

GETZ, STEVEN B. "Theoretical note on some types of psychogenic deafness, i.e., central, conductive, perceptive." *Acta Oto-Laryngologica.* 1957. 47:6:491-95.

The child with psychogenic deafness requires immediate, active, and continuous psychologic therapy. The appropriateness of an educational facility for the deaf and hard of hearing is questioned.

GEYER, MARGARET L. and YANKAUER, ALFRED. "Detection of hearing loss in preschool children." *Public Health Rep.* Aug., 1957. 72:8:723-28.

An individual sweep check for hearing loss is reported as being successfully administered to all but 6.5% of 461 children from 2½ through 5½ years of age. The test is an adaptation of the sound toy test described by Dr. Myklebust in *Auditory Disorders in Children.*

IRWIN, J. V., HIND, J. E., and ARONSON, A. E. "Experience with conditioned GSR audiometry in a group of ment-

ally deficient individuals." *Training School Bul.* Aug., 1957. 54:2:26-31.

A group of 20 mental defectives of Southern Wisconsin Colony and Training School with known or suspected hearing loss were given GSR (conditioned auditory galvanic skin response) tests. Findings and tentative observations of the authors are reported.

O'ROURKE, HELEN. *Placing a hard-to-reach child; an experience in the placement of a totally deaf, six-year-old boy.* 1956. 35 p. Child Welfare League of America, 345 E. 46th St., New York 17, N.Y. 75¢.

A detailed account of the problems which the natural parents, social worker, and foster parents faced in the placement of a totally deaf child.

Orthopedic and Neurological Impairments

FIELD, ETHEL D. "The volunteer helps solve group mat class problems." *Phys. Therapy Rev.* Aug., 1957. 37-8-517-21.

Reported here is use of class aides for handling children, most of whom were post-polios, at the California Rehabilitation Center, Santa Monica. Samples of "playing games" and the music used are given.

MALKIN, S. ALAN. "The conquest of disability; Robert Jones Lecture delivered at the Royal College of Surgeons of England on 8th November, 1956." *Annals,* Royal Coll. of Surgeons of England. Feb., 1957. 20:2:99-111.

A review of the life and accomplishments of Robert Jones, founder of British orthopedic surgery and pioneer of the crippled children's movement in England.

MAUTNER, HANS. "Drug therapy in cerebral palsy." *Cerebral Palsy Rev.* May-June, 1957. 18:3:4-13, 20-22.

Rationale, dosage, and effects, as they relate to treatment for epileptiform seizures, motor disturbances, and mental deficiency, are briefly discussed under each drug. 157 references.

NEWLAND, T. ERNEST. "Psycho-social aspects of the adjustment of the brain-injured." *Cerebral Palsy Rev.* May-June, 1957. 18:3:14-16.

Considered here are some of the concepts, facts, and the author's personal suspicions which may relate to social adjustment of the brain injured.

PERLSTEIN, MEYER A. "Some questions and answers on the meaning of the Rh factor." *Crippled Child.* Aug., 1957. 35:2:9-10.

A revision of the very popular article which appeared in the October 1950 issue of *The Crippled Child* and which was widely distributed in reprint form.

UNITED CEREBRAL PALSY ASSOCIATIONS. *Let's think it through; a booklet for parents of children with cerebral palsy.* 1957. 52 p. The Assns., 369 Lexington Ave., New York, N.Y.

A non technical review of the cerebral palsy problem, emphasizing the psychological effects on the child and his parents.

Retarded Mental Development

AMERICAN ORTHOPSYCHIATRIC ASSOCIATION. "Mental retardation in urban areas; a symposium." *Am. J. Orthopsychiatry.* July, 1957. 27:3:484-507.

Contents: "Mental deficiency in the urban community," Karl F. Heiser.—"A study of the problem of mental retardation in a large urban community." Robert G. Ferguson.—"The relationship of the Flower and Fifth Avenue Hospital Clinic for Mentally Retarded Children to a community-wide program in an urban setting," Harold Michal-Smith (and others).

DELP, HAROLD A. "Criteria for vocational training of the mentally retarded; a revised concept of the necessary mental level." *Training School Bul.* Aug., 1957. 54:2:14-20.

Subjective and objective data of 200 students at The Training School indicate the necessity of considering the many facets of personality other than "minimum mental level" of a job.

GIBSON, ROBERT. "Incidence and pattern of crime among mental defectives." *Mental Hygiene.* July, 1957. 41:3:404-407.

Several earlier British studies on defectives involved in criminal proceedings are briefly reviewed.

GT. BRIT. ROYAL COMMISSION ON THE LAW RELATING TO MENTAL ILLNESS AND MENTAL DEFICIENCY. *Report (1954-1957), presented to Parliament by command of Her Majesty, May, 1957.* 1957. 328 p. tabs. *(Cmnd. 169): Published* by H. M. Stationery Off., London, and available in the U. S. from British Information Services, 45 Rockefeller Plaza, New York 20, N.Y., at $1.97 postpaid.

HELLER, ARTHUR D. "The Draw-a-Person-Test in mental defectives." *Mental Health.* Summer, 1957. 16:3:90-94.

After a brief description of the tests used at Prudhoe and Monkton Hospital, England, the author reports results of a study that indicated the Draw-a-Person-Test should be incorporated into the system of examination for mental defectives.

NICKEL, KENNETH N. *Better education for nonacademic pupils.* 1957. 30 p. R. N. Nelson Snider, Treasurer, North Central Assn., North Side High School, Ft. Wayne, Ind. 25¢.

Reprinted from: *N. Central Assn. Quart.* Apr., 1957. 31: 4:352-84.

In this study conducted by the Subcommittee on In-Service Education of Teachers of the North Central Assn. of Colleges and Secondary Schools, in cooperation with an advisory graduate committee of the University of Colorado, practices of selected high schools in educating the educationally retarded, the slow learners, and the educable mentally retarded were investigated.

WEST VIRGINIA. STATE DEPARTMENT OF HEALTH. *Proceedings of a seminar on mental retardation, sponsored by . . . November 29 and 30, 1956. House of Delegates Chambers, State Capitol, Charleston . . .* 1957. 78 p. Bureau of Public Health Education, Rm. 520, State Office Bldg., Charleston 5, W. Va.

Participants represented the fields of medicine, public health nursing, psychology, mental health, education and vocational rehabilitation, as well as parents. Includes a report on building a state program for the mentally retarded.

Speech Impairments

BOSMA, JAMES F., GOATES, WALLACE A., and NIELSON, MELVIN, "Mechanisms of disability of speech resulting from poliomyelitis." *Annals Otol., Rhinol., Laryngol.* Mar., 1957. 66:1:67-85.

Speech disabilities have been observed to be commonly multiple and mutually exaggerating in their effect. Procedures used in speech rehabilitation aid recovery of other performances of the bulbar area. Illustrated.

LANDAU, WILLIAM M. and KLEFFNER, FRANK R. "Syndrome of acquired aphasia with convulsive disorder in children." *Neurology.* Aug., 1957. 7:8:523-530.

The neurological histories of 5 children with acquired aphasia at the Central Institute for the Deaf are reported and discussed. Electroencephalographic improvement was observed to parallel improvement in speech re-education.

Visual Impairments

CUENDET, JEAN-FRANCOIS. "Heredity counseling in eye diseases." *Eugenics Quart.* Sept., 1957. 4:3:139-47.

Presents tables which recapitulate the large majority of situations in which heredity counseling is sought in regard to the prognosis for future children where there are eye diseases in the family history.

PLUNKETT, MARGARET L. "Personnel and agencies serving blind people, 1955." *Month. Labor Rev.* July, 1957. 80:7:821-828.

A rare contribution to special education

Fun Comes First for Blind Slow-Learners

The aim of this book is to illustrate **how growth was promoted** in young children who were mentally retarded and emotionally disturbed in a residential school for the blind.

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By
MILDRED BLAKE HUFFMAN, B.E., M.A.
Primary Teacher, California School for the Blind
Berkeley, California

With a Foreword by
SAMUEL A. KIRK, Ph.D.

Mrs. Huffman has had the courage—or perhaps the good fortune—to teach a class of multiply handicapped children. The purpose of this book is to relate experiments made in this Special Primary Class with experiences-interesting-to-children, and to recount the effect such experiences seemed to have upon the emotional, social and educational growth of these multiply handicapped children.

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A summary of the highlights of the 150-page report *National Survey of Personnel Standards and Personnel Practices in Services for the Blind, 1955,* undertaken by the U. S. Bureau of Labor Statistics for the American Foundation for the Blind. Data relating to special schools and teachers are included.

GENERAL

BAILEY, PEARCE. "Research attack against neurological disorders." *Crippled Child.* Aug., 1957. 35:2:4-5, 27.

The director of the National Institute of Neurological Diseases and Blindness briefly evaluates the work of the Institute and highlights some of the progress in research since 1954.

COMMUNITY COUNCIL OF GREATER NEW YORK. *Camping guide for the placement of handicapped children in regular camps. . . .* 1957. 39 p. Mimeo. The Council, 44 E. 23rd St., New York 10, N.Y. $1.

Included are general considerations for the camp director and the referring agency, as well as separate sections on specific types of handicapped children and their camp needs.

CONNECTICUT, UNIVERSITY. School of Home Economics. *Progress report, June 15, 1956-June 15, 1957; work simplification in the area of child care for physically handicapped women. . . .* submitted by Elizabeth Eckhardt May and Neva R. Waggoner. 1957. various paging. tabs. Mimeo. School of Home Economics, The Univ., Storrs, Conn.

The study was limited to orthopedically handicapped women with preschool children. Disabilities ranged from those requiring wheelchair living or crutches to those limiting hand and arm motion.

EAMES, THOMAS H. "Frequency of cerebral lateral dominance variations among school children of premature and full-term birth." *J. Pediatrics.* Sept., 1957. 51:3:300-302.

Data on school age children, premature at birth, and those weighing over 5.5 pounds at birth (considered full-term) revealed that the premature group presented 20% more lateral cerebral dominance variations than the "normal" group. The degree to which variations in lateral cerebral dominance may interfere with language function remains to be determined.

NATIONAL ASSOCIATION FOR MENTAL HEALTH (Gt. Brit.) *The maladjusted child; the Underwood Report and after; proceedings of a conference held at the Church House, Westminster, London, on 11th and 12th April, 1957.* 1957. 99 p. The Assn., 39 Queen Anne St., London W. 1, England. 5s (approx. $1.08).

Discussed at the Conference were recommendations of the Underwood Report, preventive aspects of maladjustment, the promotion of sound family relationships, factors responsible for maladjustment, educational programs for the maladjusted, and the work of various agencies concerned.

NATIONAL RECREATION ASSOCIATION. "Recreation; a guide to books on recreation; an annotated list of over 850 selected titles." *Recreation.* Sept., 1957. 50:7(Part II). 31 p.

Information includes author and title, price, and a very brief annotation. All books listed are stocked by the National Recreation Assn. and may be ordered from them.

NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS. "Sources of information about the handicapped; a guide to nontechnical publications." *Crippled Child.* Aug., 1957. 35:2:22-23, 25-26.

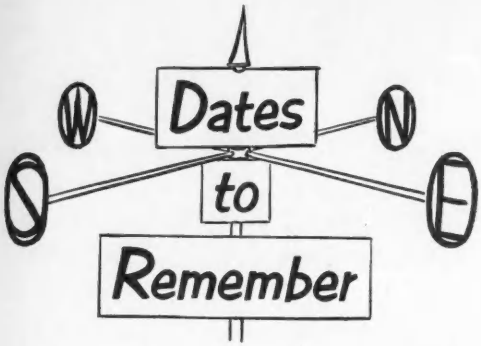
An explanation of the information services provided by the National Society for Crippled Children and Adults through its Library Services and of other sources from which literature may be obtained. Single reprints of the article free from the Library of the Society, 11 S. LaSalle St., Chicago 3, Ill.

U. S. CHILDREN'S BUREAU. *Cost of services to crippled children; a study of nine state programs,* by Lillian R. Freedman. 1957. 27 p. charts, tabs. *(Children's Bur. statistical ser. no. 43)* The Bureau. Washington 25, D.C.

A report of a pilot study carried out with the cooperation of 9 states receiving grants for services to crippled children under the Social Security Act. Statistics are included on the general distribution of costs, hospital care, convalescent home care, clinic services, and appliances.

WALLACE, HELEN M., IGEL, AMELIA, and LOSTY, MARGARET A. "A report on foster home placement as a resource for handicapped children." *Pediatrics.* Aug., 1957. 20:2:358-361.

A survey of hospitals and convalescent homes in New York City on handicapped children in these institutions revealed that a number were being retained for social, and not medical, reasons. Social agencies agree that a foster home program is necessary but no definitive method has been evolved.



Dec. 3-6	Clinical Session, American Medical Association, Philadelphia, Pa.
Dec. 4-7	American Public Welfare Association, Chicago, Ill.
Dec. 10	Human Rights Day (UNESCO)
Dec. 26-27	**Joint meetings of AASA, Section Q and ICEC, NEA, Indianapolis, Ind.**

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Jan. 21-Feb. 2	Classroom Teachers, NEA, Kansas City, Mo.
Feb. 6-8	**NEA Invitational Conference on Identification and Education of the Academically Talented Pupil in the American High School, Washington, D.C.**
Feb. 15-19	National Association of Secondary School Principals, NEA, Indianapolis
Feb. 20-22	American Association of Colleges for Teacher Education, NEA, Chicago
Feb. 20-22	Research Foundation Convention, UBEA-NEA, Chicago
Feb. 21-23	Regional, National Association of Educational Secretaries, NEA, Santa Barbara, California
March 2-5	Association for Higher Education, NEA, Chicago
March 2-6	Association for Supervision and Curriculum Development, NEA, Seattle
March 8-11	Regional, American Association of School Administrators, NEA, San Francisco

April 8-12
ICEC Convention, NEA
Headquarters Hotel:
The Muehlebach,
Kansas City, Mo.

March 10	Regional, President's Commission of Employment of the Physically Handicapped, Oakland, California
March 12-14	National Society for the Prevention of Blindness, Philadelphia
March 19-20	Music Educators National Conference, NEA, Los Angeles
March 19-21	National Health Forum, Philadelphia
March 22-26	Department of Elementary School Principals, NEA, Philadelphia
March 27-29	National Science Teachers Association, NEA, Denver
March 30-April 3	American Association for Health, Physical Education, and Recreation, NEA, Kansas City, Mo.

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